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For criticism on this work
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From Thos White, M. D. Kinsley.

AN

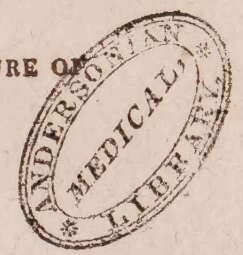
ESSAY

ON THE UTILITY OF

BLOOD-LETTING IN FEVER,

ILLUSTRATED BY NUMEROUS CASES;

WITH SOME INQUIRY INTO THE SEAT AND NATURE OF THIS DISORDER,



BY

THOMAS MILLS, M. D.

LICENTIATE OF THE KING AND QUEEN'S COLLEGE OF PHYSICIANS, ONE OF THE PHYSICIANS OF ST. GEORGE'S FEVER-HOSPITAL AND DISPENSARY, AND LATE OF THE HOUSE OF RECOVERY AND FEVER-HOSPITAL, CORK-STREET.

"Sicubi circa theoriam me hallucinatum fuisse lector deprehendat, errori veniam peto; verum quod ad praxim attinet profiteor me omnia ex vero tradidisse, nihilque uspiam proposuisse, nisi quod probè exploratum habeam."

Sydenham. Febris pestilentialis & pestis, annorum 1665, 66.

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1813.

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HENRY CLUTTERBUCK, Esq. M. D.
LONDON.

AUTHOR

Of an Inquiry into the Seat and Nature of Fever.

SIR,

THE perusal of your work first led me to make trial of blood-letting in Fever; to you therefore, I beg leave to dedicate the observations to which this trial has given rise.

THE man who thinks for himself, will freely allow the same privilege to others; you, therefore, will not be disposed to condemn the freedom with which I have discussed the subject of the following Essay, though the opinions I maintain may occasionally differ from yours.

I remain,
With the highest esteem,
Yours, &c. &c.

THOMAS MILLS.

Dominick-street, March, 1813.

PREFACE.

THE principal object of the following work is to suggest to the consideration of the Public and the Faculty the advantages likely to result from the timely and judicious use of blood-letting in Fever.

Cases are given in which the lancet was employed with beneficial effects—In some, the urgent symptoms were immediately alleviated; in others, the Fever was at once arrested.

The anxious attention paid to these cases and to the effects of a new remedy, naturally gave rise to some observations on the nature and seat of Fever.—These observations are submitted to the candor and judgment of the reader.

Within the last thirteen years I have severally made trial of opium, bark, mercury, wine, cathartics, and the cold and warm affusion for the cure of Fever.—Of the good or ill effects of these remedies it is not my design

to

to treat; I shall barely remark that whatever opened the bowels and diminished increased vascular action afforded most relief.

I was induced to make the trials now mentioned by the fatality of the disease, by the fluctuating and opposite theories respecting its nature, by the want of any rule or principle to regulate the treatment, and by observing that recoveries took place under every variety of practice, sometimes even where no medicine whatever was administered.—I had finally adopted the purgative and sedative as the most beneficial plan, when the valuable work of Dr. Clutterbuck fell into my hands—his reasoning appeared to me so conclusive, and his remarks so just on the use of blood-letting in Fever, that I resolved, on the first favourable opportunity, to make the experiment. This opportunity occurred in the House of Recovery and Fever-hospital, Cork-street, during the prevalence of an Epidemic in the Summer and Autumn of 1810.—The experiment was begun under feelings of great anxiety, for blood-letting had been long disused and condemned in these Kingdoms, and I had never witnessed its effects. In the first case, the symptoms were relieved, the blood

was

was buffed and the termination was favourable; in the second, the symptoms were more violent, yet the good effects of the remedy were still more apparent; in the third, the blood was buffed and cupped; and the patient, after the bleeding, expressed gratitude for the speedy relief obtained. Encouraged by the success of these trials, I employed the same remedy with confidence in several other cases in the Cork-street Hospital, and afterwards in St. George's Hospital and Dispensary. Several successful cases I have detailed, and also some in which I had to lament the failure of the remedy; these I have compared with unfavourable cases, in which the usual routine of practice had been pursued. This seemed necessary in order to shew from the symptoms, and occasionally also from the appearances on dissection, the comparative value of these different modes of treatment.

Although I cannot suppose that the liberal Physician would decry a practice, the effects of which he had never witnessed, because he had been taught to consider it injurious; or condemn without inquiry the doctrine by which it is supported; yet, as to several, the practice here recommended may appear novel,

and,

and, at first sight, revolting, it may be proper simply to state that blood-letting in Fever, though so generally disused by the moderns, was long successfully employed by the ancients; I beg it may be also remembered that the strength of the Patient cannot be materially reduced by the quantity of blood which, in most instances, it seems necessary to take away—that a greater degree of debility may be induced by an active cathartic, an emetic, and the other remedies in common use.

In the arrangement of the cases I have observed an order which appeared to me simple and perspicuous,—To those first stated I have applied the epithet Brain or Cephalic; to others that of Pulmonic, Hepatic, &c. These terms are clear and precise; they express simply the seat of disease; and unconnected with theory they direct the Practitioner to one useful practical object, the relief of the organ especially affected—for these reasons, it is obvious, that they are preferable to the epithets Typhous, Bilious, Miliary, Putrid, &c. epithets which express some secondary, accidental or fortuitous circumstance, or originating in a false theory, may lead to a practice highly erroneous.

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AN

ESSAY

ON THE

Treatment of Fever,

&c. &c. &c.

FEVER, a disease of such frequent occurrence as to be seldom absent from this and other populous cities, is attended with great mortality.

No distemper excites greater apprehensions; apprehensions not confined to the safety of the individual it attacks—it may be communicated to the family; it may spread throughout the neighbourhood. When once it rages who can pretend to assign limits to its ravages.

It occurs in all climates and seasons, and attacks all ages. The warmer the climate the more imminent the danger; but in every region the young, the vigorous, and the athletic are commonly its victims.

From the report of the managing committee of the House of Recovery and Fever-hospital in Cork-street, the following statement is taken:

Admitted from 14th May, 1804, to 4th January, 1812, inclusive, 9195.
Discharged cured.....8389.
Died.....740.
Remain in the hospital 5th January, 1812, 66.

9195.

Hence it appears that the average proportion of deaths to recoveries, during a period of seven years and about eight months, has been nearly as one to 11. If this calculation were extended to the entire of the city, the mortality from fever amongst the lower classes would be found to be truly alarming; and, to the higher ranks, though it seldom prevail among them to the same extent, it proves still more fatal. But, no set of men in society suffer equally with the junior members of the medical profession.

The seat and nature of fever are still buried in obscurity, therefore no fixed nor determinate idea is annexed to the disease, nor is any rational or settled plan of treatment laid down for its removal; hence, the practice of even our most intelligent physicians is merely palliative.—Meanwhile, whether owing to indolence or despair, every attempt at investigation seems to be laid aside.

In

In the treatment of fevers styled typhous, malignant, putrid, nervous, bilious, &c. general blood-letting has, long since, fallen into disrepute; even local blood-letting is employed with caution and anxiety, though local pain and uneasiness be obvious and urgent. Such departure from the original plan of treating fever may be ascribed to the obscurity of the disease, and to the abuse of the remedy; to the influence of great names and fascinating theories, the prejudices of early education, and the force of habit; causes sufficient to warp the understanding, and to mislead the practitioner. If we but reflect, however, on the striking analogy that subsists between the symptoms of fever and those of inflammation, and on the advantages that result from the use of evacuants and sedatives in both, there is reason to suppose that the judicious and early use of the lancet would prove as serviceable in the former as in the latter.

In the treatment of fever we are taught that our principal endeavours should be employed, to obviate debility, to restore strength, and to correct the putrescent tendency of the fluids. In support of the existence of such debility and tendency to putrefaction, are adduced the prostration of strength, the enfeebled pulse, and the petechiæ, which so frequently accompany fever. And as these symptoms have been supposed to characterise the disease in all its violence, they have given rise to the use of wine, bark, opium, barm, alkalis and acescents; but these

symptoms

symptoms are merely secondary, the consequences of over-excitement; and, that the debility is rather apparent than real; that the strength is to be regarded as rather oppressed than reduced at the commencement of fever, is proved by its seizing men in the vigor of life, and who, a few minutes before, had been engaged in hard labour; and who, after blood-letting or other evacuations, are again restored to strength. We are likewise induced to draw the same conclusion, from a consideration of the causes and the symptoms, and from the ill effects that result from the use of stimulants.

But the pulse is often feeble, the voluntary powers are lowered, and there is a feeling of exhaustion—Now these symptoms may be, and often are present, without any actual reduction of strength —Nature indeed is oppressed; the vigorous powers of life are, for a time, suspended; but remove the cause, take away the oppressing power, and the strength is recovered.

Suppose a strong, vigorous man, placed under a great weight, he cannot move; take off the weight, his strength remains unimpaired. Here there was no diminution of his physical powers; these powers were oppressed, not reduced.

Thus it is with fever; at the onset it overpowers the system, but the strength is unbroken. This will sufficiently appear from the remedies that are most effectual; these are emetics, cathartics, blood-letting,

letting, and sedatives; but these remedies debilitate the healthy body, and, if the strength be already diminished, they reduce it still lower; yet these very remedies cure fever. Now, if the debility were real in the incipient stage of fever, could it be removed by debilitants? To cure a distemper are we to have recourse to the cause by which it was produced? The drunkard falls from his chair in a fit of apoplexy, he cannot move; here is a case of over-excitement, yet the apparent debility is extreme. Is the disease to be cured by increasing the quantity of wine by which it was excited?

Look at the hardy peasant; this hour he whistles over his plough, the hour following he is attacked with brain-fever or enteritis; to walk he is unable, he lies down and calls for relief; the pulse is weak and frequent; there is great oppression of strength, there is vomiting, and pain of the head or bowels; administer food, wine, alkalis and other stimulants and he dies; employ evacuants and he lives; and the relief thus obtained is often immediate. Now, had the debility been real, could the strength have been so speedily restored? Do blood-letting and cathartics, diluents, and a low regimen, impart strength to the debilitated?

Look at the convalescent from fever or other disorder; his frame is emaciated, his step totters, his looks are pale and wan; employ evacuants, death follows; because here the debility is real; but supply him with food, wine and cordials; give him rest and warmth, and he recovers.

Again,

Again, take a man in the vigor of youth, bleed him freely, administer cathartics and sedatives, and let his diet be low, debility is the consequence; persevere in this plan, he dies.

Since therefore, (as I think I shall be able to shew) these evacuations, which, in the sound or exhausted state of the body prove so pernicious, are useful in fever; the body, in fever, must be in a state of oppression or of over-excitement.

From the presence of the petechiæ or vibices, the putrescency of the fluids is usually inferred, and this idea seems to have taken its rise from the purplish or dark appearance of the eruption. In order to prove that no such state of the blood exists, we may observe that in every fever there is, as I shall hereafter attempt to prove, an inflammation of some one or more of the viscera or other parts of the body. Now as in pneumonia, gastritis, and every other inflammatory affection, the blood is not found in a state of putrescency, it would be unreasonable, a priori, to expect to find it thus changed in fever; and from experience we learn that this view of the subject is well-founded, for the blood is commonly observed here, as in other inflammatory disorders, cupped, buffed or tenacious; it is uniformly florid, and the crassamentum is generally in large proportion to the serum; but in no instance have I observed its crasis broken, or in a state of putrescency.

The seat of fever is various; it may be seated in the brain, the lungs, the liver, the stomach, or any other organ or part of the body.

In

In the following cases the brain was the organ primarily and chiefly concerned.—Cases of this nature are commonly designated by the terms typhous or nervous; they deserve particular attention, because they are frequent and dangerous; and because the symptoms are often obscurely marked.

August 22d, 1810.

Susannah Fepoe, æt: 18—of a delicate frame and sanguine temperament, four days after being exposed to the influence of contagious fever, complained of head-ach, general pains, præcordial oppression, and sickness of stomach. Pulse 100, and feeble; tongue cream-colored, and slightly parched; skin hot and dry; face flushed; bowels constipated; senses of taste and smell considerably impaired; petechiæ of a dark colour appear upon the breast and shoulders. This is the fourth day of her illness.

Detrahantur e venâ brachiali sanguinis unciæ sex.

R. Infusi sennæ uncias sex,

Sulphatis magnesiæ unciam; solve et cola, dein adde

Tincturæ jalapæ drachmas sex,

Sumantur cochlearia tria singulis horis ad plenam alvi solutionem. Fever diet.

23d.

The bleeding induced faintishness; considerable relief immediately followed; blood slightly buffed, the crassamentum is in large proportion to the serum,

rum; purgative operated fully; pulse 80, softer and stronger; no pain of head; countenance natural; slept six hours; calls for food. Convalescent.

In this instance the use of the lancet arrested the progress of the fever. The speedy advantage observed to follow the operation was owing, in a great measure, to the faintishness produced.

August 24th, 1810.

Ann Burton, æt: 21—of a sanguineo-melancholic temperament, has been ill three days of fever in consequence of exposure to contagion. The first symptoms were, chilliness, head-ach, nausea, and fugitive pains throughout the back, breast, loins and extremities; the tongue is foul, the skin hot, and the pulse frequent and weak: there is præcordial oppression, the face is flushed, there is intolerance of light and acute pain in the forehead, the bowels are constipated, the senses of taste and hearing blunted, there is great prostration of strength.

Detrahantur venâ brachiali sanguinis unciæ sex,
Habeat misturam catharticam. Fever diet.

25th.

Was considerably relieved by the bleeding; some tendency to deliquium supervened; blood buffed and sizy; six dejections dark and fetid; urine cloudy, depositing a lateritious sediment; pulse 82 and soft; skin cool; does not complain of any pain; slept some hours; calls for breakfast. Convalescent.

Here

Here the acute pain of the head, the intolerance of light and the flushing of the face, proved the brain to be the seat of fever; which, though of formidable aspect, was removed by a single bleeding and by the employment of a cathartic. The debility was great, yet the day after the operation of these remedies she was able to sit up. The buffed appearance of the blood, and the relief obtained from the evacuants, are sufficient to shew that the disease consisted in over-excitement. Suppose this fever had been left to nature, a protracted and painful illness, perhaps, death would have been the consequence.

August 23, 1810.

Matthew Walsh, æt: 32—a labourer of a robust frame and choleric temperament, ill eight days of fever; it commenced with languor, loss of appetite, lassitude and slight chills and heats, to which succeeded head-ach, throbbing of the temples and pains in the eye-balls. These symptoms have not been so violent as to confine him entirely to bed. Pulse 100, rather feeble; skin hot and soft; tongue foul; bowels constipated; urine high-colored; complains of head-ach, stupor and deafness, and of a disagreeable taste in his mouth.

Mittatur sanguis e brachio ad uncias sex,
Habeat misturam catharticam.

24th.

Blood buffed and tenacious; pulse 76, fuller and stronger; medicine operated thrice; every painful symptom removed. Convalescent.

This is a case of brain-fever, accompanied by much disturbance of the external and internal senses, and by great prostration of strength, arrested in its progress on the 9th day by the use of the lancet.

July 18, 1810.

John Hudson, æt: 13—has been ill nine days of fever; it commenced with rigors, head-ach, loss of appetite, nausea and vomiting; had been exposed to the influence of contagion; he now complains chiefly of pain in the temples, forehead and eye-balls; of pain in the back and loins, and of præcordial oppression—Pulse 100; skin hot and dry; tongue foul and of a whitish yellow; bowels confined; urine high-colored; eyes suffused; intolerance of light; senses of touch and taste somewhat blunted; those of smell and hearing unusually acute.

Mittatur sanguis e brachio ad uncias sex,
Habeat misturam catharticam. Fever diet.

19th.

Relieved by the bleeding; blood florid and tenacious; crassamentum in large proportion to the serum; serum glutinous and of a pale yellow; face flushed; skin hot and dry; tongue parched and brownish; thirst urgent; still complains of pain in the head, back and loins, and of præcordial oppression;

pression; pulse 100 and full; four dejections dark and fetid; urine passed in large quantity, and of a deep red.

Repetatur sanguinis detractio ad uncias sex.

Repetatur mistura cathartica.

20th.

Felt considerable ease from the 2d bleeding; blood slightly buffed; crassamentum in large proportion to the serum; serum straw-colored and less glutinous; almost free from head-ach, pains and præcordial oppression; face less flushed; skin hot and dry; pulse 84 and softer; four dejections of a blackish appearance; urine turbid; senses of smell and hearing less acute; those of taste and touch more susceptible of impression.

Repetatur mistura cathartica.

21st.

Full effect from the medicine; fæces yellowish; urine deposits a lateritious sediment; return of sleep and appetite. Convalescent.

Repetatur mistura cathartica.

On the 13th day of this boy's illness the fever disappeared without any critical evacuation. The urgent symptoms were head-ach, pain of back and præcordial oppression; these speedily yielded to the evacuants employed. He was blooded for the first time on the 10th day of the fever, and a second time on the 11th: the good effects of this evacuation, at so late a period of the disease, were manifest; the blood exhibited the inflammatory appearance.

July

July 12, 1810.

Mary Brady, æt: 19—was attacked four days ago after paying a visit to her friend ill of fever, with chilliness, head-ach, loss of appetite and nausea, and with pains in the back, loins and extremities. Pulse 110, weak and irregular; skin hot and dry; tongue parched and yellowish; violent head-ach and throbbing of the temples; præcordial anxiety; bowels constipated; senses of smell, taste and hearing blunted.

Detrahantur e vena brachiali sanguinis unciæ octo,
Habeat misturam catharticam. Fever diet.

13th.

Two ounces of blood only were taken away; deliquium animi immediately succeeded to the operation; on recovering from which she found herself free from head-ach, general pains and præcordial anxiety; six dejections from the medicine, greenish or yellowish; pulse 80, regular and full; skin soft and natural; tongue moist; had some rest; calls for food. Convalescent.

This case of brain-fever displays the singularly good effects of blood-letting, even in the smallest quantity; but the benefit here witnessed did not depend so much on the quantity taken away as on the deliquium produced; in such instances there is a sudden derivation of blood from the head; a temporary death succeeds, the nervous excitement is thereby diminished, and the brain relieved.

November

November 6, 1812.

Esther Keely, æt: 24—of a soft fibre and melancholic disposition, was seized a fortnight ago with rigors, head-ach, pains in the back, loins and extremities, succeeded by great prostration of strength; these symptoms were relieved by an emetic. About a fortnight before the present attack she had a fever of seven days standing. Pulse 100 and compressible; skin hot and dry; tongue yellowish and furred; eyes suffused; face flushed; hearing blunted; senses of taste and touch vitiated; complains chiefly of pain in the forehead, and præcordial anxiety; petechiæ appear upon the chest; ascribes her disease to anxiety of mind and fatigue of body.

Detrahantur venâ brachiali sanguinis unciæ sex

Habeat misturam catharticam.

7th.

Says her heart was eased for a short time by the bleeding; blood buffed; pulse 96, somewhat fuller; skin hot; tongue parched and of a yellowish red; much thirst; four dejections dark and morbid; urine high-colored; disturbed rest; low delirium; eyes suffused; petechiæ rather more faint.

Detrahantur venâ brachiali sanguinis unciæ quatuor.

Repetatur mistura cathartica.

8th.

Considerable ease from all the urgent symptoms followed the bleeding of yesterday; blood sizy;

five

five dejections yellowish and brownish; urine turbid; pulse 80, softer and stronger; tongue moist; petechiæ fainter; some sleep; no delirium.

Repetatur mistura cathartica.

9th.

Six dejections; urine deposits a lateritious sediment; no head-ach; return of sleep and appetite. Convalescent.

One circumstance in this case deserves particular attention, I mean the late period of fever at which blood-letting was employed with safety and advantage. On the 15th day of her illness she was first blooded; on the 16th the operation was repeated; the blood was buffed and sizy, and the benefit derived was evident and decisive; from this and similar cases I would infer, that blood-letting may be had recourse to at any stage of fever, when urgent symptoms present themselves; even in this case of relapse, perhaps, the most unfavorable of all others for such a trial, it was followed with the happiest effects; indeed, from the small quantity of blood required to be drawn, no mischief can result: and, when I reflect on the great variety of patients with whom I have made use of this remedy, and of their different ages, constitutions and habits, I am disposed to consider that pain, sense of weight or uneasiness in the region of any viscus, great oppression, præcordial anxiety, or a feeling of general distress and uneasiness, accompanied by a frequency of pulse, will, in every instance, justify the use of the lancet; but, the earlier it is had recourse to, the

greater

greater is the probability of preserving the strength and saving the life of the patient.

July 20, 1810.

Jane Cash, æt: 26—a maid servant, of a robust frame and sanguine temperament, has been ill six days of fever—After exposure to cold, wet and fatigue, was seized with chilliness and head-ach, nausea and vomiting, and pains of the back and loins; to these symptoms succeeded great prostration of strength; she now complains chiefly of head-ach, intolerance of light, general pains and præcordial oppression; the pulse is 110 and feeble, the skin hot and dry, and of a scarlet color; the face is flushed; there is suffusion of the eyes; the bowels are constipated, and the urine is high-colored.

Mittatur sanguis statim e brachio ad uncias sex.

Habeat misturam catharticam ad plenam alvi solutionem.

21st,

The blood-letting induced a tendency to deliquium; considerable and permanent relief succeeded; blood buffed; full operation from the medicine; pulse 80, soft and strong; tongue moist; skin cool; some return of rest and appetite; no head-ach. Convalescent.

The bleeding, on this occasion, had the effect of arresting in its progress a fever very threatening at its onset: the faintishness thus produced is not an alarming circumstance; it appears to contribute essentially to the relief of the symptoms by alter-

ing

ing the condition of the circulating system: the debility here was great; the speedy restoration of strength, from the employment of evacuants, was remarkable and unexpected.

November 21, 1811.

Patrick Fortune, æt: 12—slept with his father and brother when ill of fever, after which he was seized with pain of head and chilliness, with nausea and vomiting, with pains in his back, loins and extremities, and with great prostration of strength; has been ill 20 days—Pulse 110 and feeble; skin dry and not very hot; tongue foul, of a brownish yellow; shoulders, arms and breast covered with petechiæ; complexion sallow; countenance expressive of great languor and anxiety: he says that his greatest pain is in his head and back, and he calls for cold water.

Detrahantur e vena brachiali sanguinis unciæ quatuor.

Habeat misturam catharticam. Fever diet.

22d.

Says that his heart and head were lightened by the bleeding; blood sizy and florid; three dejections black and fetid; urine high-colored; restlessness; low delirium; pulse 100, rather softer and stronger; much anxiety; petechiæ as yesterday.

Repetatur sanguinis detractio ad eandem quâ antea quantitatem.

Repetatur mistura cathartica.

Considerably

23d.

Considerably relieved by the bleeding and cathartics; blood sizy; four dejections of a brownish yellow; urine cloudy; pulse 96, soft and of tolerable strength; skin hot and dry; tongue moist, but loaded with a yellow mucus; low delirium; some sleep; petechiæ more faint; head-ach continues, but not so violent; less anxiety.

Repetatur mistura cathartica.

24th.

Medicine operated six times; fæces brownish; urine turbid; low delirium; disturbed rest; pulse 96, weak and irregular; skin hot and moist; tongue foul and yellowish; petechiæ still more faint; pain of the head and back still continues.

Repetatur sanguinis detractio ad uncias duas solummodò.

Repetatur mistura cathartica.

25th.

Some tendency to deliquium animi on being blooded: blood sizy; four dejections of a yellowish color; urine turbid; free from pain and uneasiness; pulse 78; skin soft and moist; tongue cleaner; had some rest; calls for food. Convalescent.

Here the advantages which result from the use of blood-letting and cathartics, were apparent even so late as on the 21st, 22d and 24th days of fever; had these remedies been employed at an earlier period, it is but reasonable to conclude that the

fever would have been but of few days continuance; the petechiæ disappeared, as commonly happens, on the reduction of vascular action. In this instance the brain was principally concerned, and it is deserving of remark, that when this organ is the seat of fever, the greatest good is to be expected from the loss of even a very small quantity of blood, provided only a tendency to deliquium be induced.

August 15, 1810.

Andrew Kane, æt: 26—was attacked seven days ago with chilliness and head-ach, nausea and vomiting; to these symptoms succeeded palpitation of the heart, great anxiety and præcordial oppression. Pulse 116, easily compressible; skin hot; tongue moist and of a brownish yellow; complexion sallow; breathing hurried; bowels constipated; urine turbid; complains chiefly of the pain in his head and of præcordial oppression.

Detrahantur venâ brachiali, sanguinis unciæ sex,
Habeat misturam catharticam.

16th.

Says he found relief from the bleeding; blood highly buffed; five dejections, fetid and of a deep green; urine turbid; disturbed rest; low delirium; pulse 100, fuller and stronger; skin hot and moist; tongue loaded; complains mostly of pain in the head, oppression of the chest, and of fugitive pains in the lower extremities; a small vesicular eruption appears upon the neck and breast.

Repetatur

Repetatur sanguinis detractio ad eandem quâ antea quantitatem.

Repetatur mistura cathartica.

17th.

Felt ease from the bleeding of yesterday; blood buffed; three dejections of a saffron color; urine cloudy; at the bottom of the glass is a red jelly-like sediment; upon its sides and upon the surface of the water is floating the calcareous phosphate of lime; complexion sallow; countenance dejected; pulse 100, irregular, but of tolerable strength; skin moist and hot; tongue moist and yellowish; restlessness; occasional delirium; senses of smell, taste and hearing vitiated; breathing oppressed; slight cough, but no expectoration; eruption as yesterday; complains still of the pain of his head and lower extremities, and of oppression of his chest.

Repetatur sanguinis detractio ad eandem quâ antea quantitatem.

Repetatur mistura cathartica.

18th.

Breathing, præcordial anxiety and head-ach relieved by the bleeding; blood buffed; three dejections; fæces and urine much as yesterday; eruption less apparent; pulse 106, rather stronger; skin hot and moist; tongue of a whitish yellow; signs frequently, and occasionally complains of a sense of suffocation.

Applicetur Emplastrum cantharidis inter scapulas.

Repetatur mistura cathartica.

Thinks

19th.

Thinks he derived ease from the blister; four dejections of a brown color; urine in large quantity and of a straw color; eruption more visible; pulse 96, soft but irregular; still complains of head-ach, and of fugitive pains in the joints of the lower extremities, and occasionally, of a difficulty of breathing.

Mittatur sanguis e brachio ad uncias sex,

Repetatur mistura cathartica.

20th.

Blood sizy; says he was considerably relieved by the bleeding; respiration free; pulse 86, soft and regular; skin moist, but still hot; tongue foul; no head-ach; no appearance of the eruption; calls for food; enjoyed some rest.

Repetatur mistura cathartica.

21st.

Six dejections of a saffron color; urine turbid; free from pains, oppressed respiration and præcordial anxiety; sound sleep; better appetite. Convalescent.

This is a case of brain-fever accompanied by oppressed respiration; by pains of the limbs and by the miliary eruption—bleeding and purgatives were indicated, and their repeated employment cured the patient. The blood exhibited the inflammatory appearance, and considerable quantities of morbid matter were carried off by the cathartic. The miliary eruption was regarded as an accidental circumstance; it does not seem to me to indicate any particular disease, or any particular mode of treatment;

in

in the present instance it happened to be accompanied by frequent sighing, by oppressed respiration, and by pains of the head and lower extremities; but it is not uniformly attended by these or any other set of symptoms, nor is it confined to any particular species of fever.

December 9, 1811.

A Gentleman, æt: 49—of a sanguine temperament, was seized, after a long journey with head-ach, chilliness, nausea and great prostration of strength; he took an emetic, found himself relieved, and went abroad the day following; but his step was feeble, his eye languid, and his appetite deficient: in this state he continued for nearly a week, when the head-ach returned, accompanied by rigors, and by fugitive pains in the back, loins and extremities. Pulse 100 and feeble; skin hot and dry; tongue furred; thirst urgent; bowels constipated; urine high-colored; the breast and shoulders are covered with petechiæ. This is the eighth day of his illness.

R. Scammonii, in pulverem triti, semidrachmam,
Submuriatis hydrargyri sublimati scrupulum.
Olei carui guttas tres.
Muc: gum. arab. q: s: ut fiant pilulæ duodecim æquales. Sumantur tres tertiis horis ad plenam alvi solutionem.

Takes half a pint of red wine daily.

10th.

Pills operated twice; fæces darkish; urine straw-colored; head-ach continues; face flushed; eyes suffused;

suffused; frequent sighing; countenance dejected; tongue parched and red; restlessness; low delirium; pulse 112, wiry and irregular.

R. Infusi sennæ unciam cum semisse.
Electuarii scammonii scrupulum.
Tincturæ jalapæ drachmam.

Fiat haustus, secundis horis, donec plene soluta sit alvus, repetendus,

Admoveatur emplastrum cantharidis nuchæ

Foveantur pedes et crura.

11th.

Pulse 100 and softer; respiration more frequent; head-ach easier; petechiæ darker; four dejections brownish and fetid; urine lemon-colored; disturbed night; low delirium.

Repetantur haustus cathartici

Vespere injiciatur enema purgans.

Repetatur fotus.

R. Sub-carbonatis sodæ drachmas duas
Succi limonis q: s:
Aquæ cinnamomi uncias quatuor
Tincturæ cardamomi compositæ drachmas tres.
Sacchari albi drachmas duas.
M: et divide in haustus sex.
Sumatur unus tertiis horis.

12th.

Low muttering delirium; little sleep; features contracted; face flushed, of a dark red; eyes suffused; intolerance of light. Pulse 120, feeble and irregular; respiration laborious; tongue black

in

in the centre and yellowish on the sides; five dejections yellowish and darkish; urine of a straw color; unusual fulness of the abdomen; feels pain on pressing either hypochondre, dysuria.

Repetatur haustus catharticus

Injiciatur enema terebinthinatum

Applicetur emplastrum cantharidis inter scapulas.

Repetatur mistura salina.

Takes a pint and half of wine daily.

13th.

Tremors in the hands and arms; convulsive twitchings of the muscles of the face; tears fall from the right eye; strabismus; low delirium; disturbed rest and hiccup; lies chiefly upon his back; petechiæ of a blackish color; three dejections darkish; urine of a pale color; pulse 132, compressible and intermitting; tension of the abdomen; feels pain on pressure; takes the quantity of wine ordered, and lemonade, whey or tea.

Admoveantur emplastra cantharidis tibiis internis.

Repetantur haustus cathartici et enema terebinthinatum.

R. Misturæ camphoratæ unciam

Liquoris ætherei oleosi semidrachmam, fiat haustus quartis horis sumendus.

14th.

Four dejections brown and fetid, passed involuntarily; urine of a dark color; pulse 132, weak and intermitting; heat of skin diminished; respiration frequent and laborious; petechiæ darker and enlarged; speaks indistinctly; low delirium; pupil of

the

the left eye more dilated than that of the right; partial paralysis of the muscles of the left eye-lid; imperfect vision; convulsive twitchings of the muscles of the face; tremors of the upper and lower extremities; subsultus tendinum; belly tympanitic; took a bottle of port wine yesterday, and some madeira whey and burned brandy and water.

Abradatur capillitium et admoveatur toti capiti Emplastrum cantharidis.

R. Camphoræ grana duodecim.

Pulveris Antimonialis grana octo.

Conservæ Rosæ q : s: ut fiant boli quatuor æquales.

Sumatur unus tertiis horis, superbibendo unum haustuum sequentium.

R. Aquæ acetatis ammoniæ drachmas tres,

—— Menthæ unciam,

Liquoris volatilis cornu cervi guttas viginti,

Syrupi croci drachmam M: mitte tales quatuor.

15th.

Low muttering delirium; frequent moaning; pulse 144, feeble and intermitting; breathing hurried; pupil of the left eye insensible to the application of light; sight of the right eye much obscured; deafness; paralysis of the tongue; is incapable of moving any part of his body; bowels constipated and tympanitic; urine passed involuntarily; deglutition difficult; the wine and drinks administered flow out of the mouth; skin cool; tongue blackish and furred; extremities cold; petechiæ more faint.

Repetatur

Repetatur haustus catharticus.
Injiciatur enema terebinthinatum sextis horis.
Wine and drinks as before.

16th.

Had a shivering fit last night of about a minute's duration, no power of deglutition; respiration frequent; countenance of a livid hue; extremities cold; pulse 90, weak, but regular; fæces and urine passed involuntarily; vision lost; insensible to the application of all stimuli.

Died on the evening of the 16th.

The present case deserves particular attention, because cases of this kind are often met with, and because the remedies usually prescribed are here enumerated: that the brain was the organ chiefly concerned, and that the disease was inflammatory, would appear from the constant head-ach, the delirium, the intolerance of light, the flushed face and the suffusion of the eyes; and that suppuration or compression of the brain supervened on such inflammatory action is manifest from the strabismus, the dilatation of the pupils, the convulsive twitchings of the face, and the subsultus tendinum; this is further confirmed by the paralytic affection of the eye-lid, of the muscles of deglutition, and of the sphincters of the bladder and rectum; a train of symptoms observed to arise from apoplexy, from phrenitis, from hy-

drocephalus internus, and from blows on the Cranium.

According to the view of the disease now taken, and from the beneficial effects of blood-letting and other evacuants in similar cases, it is obvious that the wine and other stimulants here administered must have proved injurious; indeed, with the exception of the purgatives, almost every remedy prescribed was nugatory or hurtful; and in their administration no fixed plan was pursued, no rational principle acted on; each day some new symptom arose, or some former one was aggravated, and each day some new remedy was exhibited, or the dose of the former one was increased—pain of the head came on, a blister was applied upon the nape of the neck; the breathing became oppressed, accompanied by cough, a blister was applied between the shoulders; delirium and imperfect vision supervened, and the head-ach increased; the head was now shaved, and the occiput and vertex were blistered; subsultus tendinum and other convulsive affections arose attended by great prostration of strength; blisters were then applied upon the legs—and such is the usual routine, in as far as regards the use of blisters, and such are the reasons for which they are commonly applied. As refrigerants, the saline draughts were administered; camphor draughts as antispasmodic and antiseptic; as a sudorific and specific the antimonial powder was exhibited; the cordial and alkaline draughts were given as stimu-

lants

lants and restoratives; and the various cathartics and injections, to evacuate the bowels and bladder. Wine of different kinds and in different quantities was employed, to support the strength and to correct the putrescency of the fluids; the petechiæ notwithstanding increased, and the prostration of strength became greater; recourse was now had to the use of brandy, spices and the alkalis, but all in vain, the patient sunk; nor is this to be wondered at; the disease consisted in over-excitement; the debility was the consequence of such excitement; the wine, brandy and other stimulants, therefore, tended to aggravate, not to relieve the disease.

May 16, 1812.

George Murphy, æt: 40—of a sanguine temperament, after intemperance in the use of spirituous liquors, complained of head-ach and chilliness, of nausea, general pains and great debility; these symptoms have continued with varied violence for 12 days. Pulse 106, feeble and irregular; skin rather cool; tongue parched and brownish; fæces and urine passed involuntarily; hiccup; countenance darkly flushed and expressive of dejection; the chest is covered with dark-colored petechiæ; tendency to coma; on being roused, he says that there are pains in his heart and bones.

Mittatur sanguis e brachio ad uncias quatuor.

Habeat misturam catharticam.

Admoveantur emplastra cantharidis tibiis internis.

17th.

17th.

Says that he was relieved by the bleeding; blood soft and florid, crassamentum in large proportion to the serum; serum yellowish; watchfulness; frequent moaning and hiccup; countenance livid; coma; low muttering delirium; tremors of the upper and lower extremities; respiration laborious. Pulse 110, fuller and softer; skin cool; tongue foul and blackish; petechiæ dark-colored.

Repetatur mistura cathartica.

Habeat vinum ad uncias sex.

Injiciatur enema catharticum.

18th.

Restlessness; delirium; involuntary stools and urine; six dejections of a brick color; urine of a deep red; skin cool. Pulse 94, weak and irregular.

Repetatur mistura cathartica.

Admoveatur emplastrum cantharidis regioni epigastricæ;

Injiciatur enema catharticum,

Habeat vinum rubrum ad uncias sex.

19th.

Involuntary stools and urine; low delirium; frequent moaning and hiccup; five dejections blackish; petechiæ dark-colored. Pulse 74, soft and regular.

Repetatur mistura cathartica,

R. Misturæ camphoratæ uncias sex,

Liquoris volatilis cornu cervi drachmam. M.

Sumantur cochlearia duo tertiis horis;

Repetatur

Repetatur vinum ad uncias octo.

Died on the morning of the 20th.

DISSECTION.—On cutting the scalp a great quantity of dark blood flowed from the veins. The veins of the dura and pia mater were very turgid; the small branches of the arteries numerous and distinct; the substance of the brain was of natural firmness; on cutting into it there appeared numerous spots of venous and arterial blood; the lateral ventricles contained about four table spoonsfull of a water-colored fluid; about one table spoonful of a serous fluid tinged with blood was found in the third ventricle. The plexus choroides was turgid with blood and coagulable lymph; inflamed vessels appeared throughout the cerebellum; and under the base of the brain was discovered a large portion of fluid deeply tinged with blood.

On opening the abdomen, the omentum was found thickened and highly vascular. The liver was considerably enlarged, and darker and softer than natural. The gall-bladder, and biliary vessels were loaded with deep-colored bile. The spleen was very soft, much enlarged, and of a deep mulberry color.

The lungs were considerably loaded with blood.

The veins of the heart were turgid; about an ounce of a watery fluid was found in the pericardium.

The muscles of the body were florid and of a natural appearance.

This

This man was admitted on the 13th day of his illness, at which period the involuntary dejections, the coldness of the skin, the restlessness and delirium, the frequent moaning and hiccup, and the languid expression of the features indicated some serious and alarming indisposition: the whole vascular system was deranged, the organ most essential to life was disorganised. From the enfeebled and irregular state of the pulse, the petechiæ, the prostration of strength and the hiccup, this fever would be denominated putrid, or the typhus gravior of Cullen; yet on dissection it appeared that the disease depended on over-excitement of the vessels of the brain, which produced effusion into the ventricles. What may seem extraordinary, when interrogated as to his feelings, the patient referred to his back and heart as the seat of pain and uneasiness; and, it is deserving of remark, that the only remedy from which he found relief was the blood-letting; indeed, from the general inflammatory appearance of most of the viscera, more especially of the brain, we are warranted in concluding, that this was the only remedy likely to remove the complaint, by diminishing excessive vascular action; but effusion had taken place, and even this remedy came too late.

November 16, 1811.

A young gentleman, æt: 14—complained six days ago of uneasiness and pain of head, of stupor,

por, languor and chilliness, of loss of appetite, occasional nausea, and weakness of the lower extremities. Pulse 110, feeble and irregular; breathing hurried and anxious; countenance dejected; tongue foul and yellowish; taste vitiated; thirst; bowels constipated; urine pale-colored. This attack is ascribed to cold, wet and over-exercise; has taken an emetic.

R. Scammonii, in pulverem triti, semidrachmam.
Sub-muriatis hydrargyri sublimati grana sex.
Sacchari albi grana tria.—probè coutrita, divide in partes tres æquales. Sumatur una tertiis horis ad plenam alvi solutionem.

17th.

Three dejections by the powders, dark and fetid; complains of pain of the head, back and loins; face flushed; skin hot ard dry; complexion sallow; pulse 100, somewhat stronger and more regular; great inquietude; much thirst; urine high-colored.

R. Sub-carbonatis sodæ drachmam.
Succi limonis q: s:
Aquæ menthæ uncias tres.
Spiritus ætherei nitrosi drachmam.
Syrupi aurantii drachmas sex. M.
Sumantur cochlearia duo tertiis horis.
Vespere, injiciatur Enema catharticum.

18th.

Restless night; low delirium; face flushed; eyes suffused; pain of head more acute; petechiæ upon the breast, shoulders and arms; frequent sighing;

sighing; pulse 110, somewhat hard; skin hot and dry; partial perspirations upon the face, breast and extremities; two dejections dark and morbid; urine high-colored; tongue foul and yellowish.

R. Infusi sennæ uncias quatuor,

Electuarii scammonii drachmam,

Tincturæ jalapæ unciam, M.

Sumantur cochlearia duo secundis horis donec plenè soluta sit alvus.

19th.

Three dejections, dark and greenish; urine pale-colored; petechiæ as yesterday; watchfulness; low delirium; hurried breathing; complains much of pain of head and general uneasiness; tongue loaded and black in the centre; skin hot; taste bitterish; hearing blunted; pulse 116, weak and irregular.

Repetatur mistura cathartica,

R. Pulveris antimonialis grana decem

Conservæ rosæ q: s: ut fiant boli quinque. sumatur unus tertiis horis.

20th.

Physic operated thrice; fæces brownish; urine turbid; partial perspiration; pain of head and general uneasiness continue; low delirium; skin hot and dry; tongue parched and black; pulse 100, soft and regular; præcordial anxiety; countenance dejected.

Repetantur medicamenta heri prescripta.

Admoveatur emplastrum cantharidis nuchæ.

From

From the time that the petechiæ made their appearance, wine was given in a small quantity diluted with water.

21st.

Head-ach somewhat relieved; four dejections, scanty, hardened and dark; partial perspirations upon the chest and lower extremities; no diminution of the heat of skin accompanies these perspirations; great inquietude; disturbed sleep; tendency to coma; great anxiety; low delirium; tongue blackish, streaked with yellow; urine scanty and straw-colored.

Repetatur mistura cathartica.

Injiciatur enema catharticum.

Takes for common drink, whey, gruel, tea, and wine and water.

22d.

Medicine operated six times; fæces greenish and yellowish; urine turbid; petechiæ more faint; less anxiety and watchfulness; pulse 86, soft and weak; head-ach relieved.

Repetatur mistura salina.

23d.

Return of delirium and of pain of the head, back and loins; petechiæ more visible; frequent moaning and sighing; pulse 120, hard and irregular; skin hot and dry; urine abundant and high-colored; intolerance of light; præcordial anxiety; tears fall from the right eye; bowels constipated.

Applicetur emplastrum cantharidis inter scapulas.

R. Submuriatis hydrargyri sublimati scrupulum.

Extracti colocynthidis compositi semidrachmam.
Olei carui guttas tres.
Muc: Gum: Arab: q: s: ut fiant pilulæ duodecim æquales. Sumantur tres quartis horis ad plenam alvi solutionem.

24th.

Copious discharge from the blister; four dejections by the pills, dark and fetid; urine of a deep red; breathing oppressed; great anxiety; pulse 124, feeble and intermitting; skin parched; petechiæ more faint; tongue black; features contracted; pain of head and eye-balls undiminished.

Repetantur pilulæ catharticæ.
Repetatur mistura salina.
Foveantur pedes et crura.

25th.

Pills operated thrice; head not relieved; frequent sighing and moaning; pulse 132, feeble, irregular and intermitting; tremors of the hands and arms; subsultus tendinum; strabismus; tears drop from the eyes; vision impaired.

Admoveantur emplastra cantharidis tibiis internis.
Repetantur pilulæ catharticæ—post operationem pilularum, sumantur pulveris antimonialis grana duo tertiis horis.
Takes his usual drinks; an increased quantity of wine was ordered, two days ago, in consultation.

26th.

Low muttering delirium; coma; dilatation of the pupil of the right eye; pulse 80, soft and regular;

regular; respiration laborious; three dejections, greenish and brownish; urine high-colored; features contracted; countenance dejected.

Abradatur capillitium, dein admoveatur toti capiti emplastrum cantharidis.

R. Infusi sennæ uncias sex,

Electuarii scammonii drachmas duas,

Tincturæ jalapæ unciam. M.

Sumantur cochlearia tria secundis horis donec benè soluta fuerit alvus.

27th.

Pupils insensible to the stimulus of light; paralysis of the right eye-lid; features collapsed; fæces and urine passed involuntarily; pulse 144, weak and irregular; extremities cold; deglutition difficult; respiration frequent and much oppressed.

Died on the night of the 27th.

28th.

The head was examined; the veins of the dura and pia mater were turgid; on cutting into the medullary substance of the brain, there were discovered numerous spots of venous and arterial blood; about two ounces of a whey-colored fluid were found in the lateral ventricles.

In this case we are presented with the symptoms of what is denominated the putrid fever, or the typhus gravior of Cullen; such are the petechiæ, the frequent irregular intermitting pulse, the anxiety, the prostration of strength, the head-ach, intolerance of light, &c. &c. now, as on dissection, inflammation of the brain and its consequences

quences only, were observed; it follows that in this instance, the symptoms of the fever supposed putrid, proceeded from inflammatory action in the vessels of the brain, and wine exhibited under such circumstances must always prove injurious.

If blood-letting, general and topical, had been employed, if no wine had been exhibited, and if the sedative regimen had been carried into full effect, would not the probability of recovery have been greater?

May 15, 1812.

Edward Potts, æt: 22—of a sanguine temperament, ill ten days of fever, which commenced with chilliness, head-ach, loss of appetite and general pains and weakness: at present complains mostly of pain in his head and heart; his tongue is of a yellowish brown; his skin hot and dry; his pulse 94, full and irregular; his bowels are constipated; his urine is high-colored; his countenance dejected; his face darkly flushed; petechiæ appear upon the breast and shoulders; complains of a bitter taste on his mouth; he ascribes this attack to wet, cold and fatigue.

Mittatur sanguis e brachio ad uncias quatuor.

Habeat misturam catharticam. Fever diet.

16th.

Was much easier after the bleeding; blood sizy and florid; crassamentum in large proportion to the serum; disturbed rest; tongue foul and yellow; skin of moderate heat; petechiæ much as yesterday; three dejections of a brick-color; urine pale;

says

says there is a load about his heart, but that his head is easier; pulse 110, feeble, but regular.

Repetatur sanguinis detractio ad eandem quâ antea quantitatem.

Repetatur mistura cathartica.

17th.

Some degree of weakness induced by the bleeding of yesterday; blood sizy and florid; præcordial oppression relieved; no return of head-ach; three dejections of a yellowish color; urine turbid; pulse 86, soft and regular; skin soft and cool; petechiæ faint.

Repetatur mistura cathartica.

18th.

Some return of head-ach and præcordial oppression. Pulse 100, weak; three dejections of a reddish yellow; urine high-colored; tongue foul.

Repetatur sanguinis detractio ad eandem quâ antea quantitatem.

Repetatur mistura cathartica. Fever diet.

19th.

Says that he did not feel any immediate relief after the bleeding of yesterday; blood sizy and florid; pulse 80, soft and regular; five dejections brick-colored; urine turbid; tongue white and moist; no appearance of petechiæ; return of sleep and appetite. Convalescent.

This patient was admitted into the Cork-street hospital on the 11th day of his illness, labouring under all the symptoms of the typhus gravior; he

he was blooded and he took a cathartic; the urgent symptoms were relieved: on the 12th the same remedies were employed; the day afterwards he was free from pain of head and præcordial oppression, and the petechiæ had nearly disappeared; on the 14th there was some recurrence of fever, whether it proceeded from the action of cold, from anxiety of mind or a surfeit, or from the disease not having been completely subdued, I do not pretend to determine: as the symptoms, however, were still indicative of increased vascular action, blood-letting was again had recourse to—on the following morning he was convalescent. It is worthy of remark that the good effects of the bleeding, in the first and second instances, were immediately felt; in the third, not till some hours had elapsed. Is this to be ascribed to the degree of tone and activity in the vascular system at large and in the vessels particularly affected, being greater at an early, than at a later period of the disease?

June 24, 1812.

Laurence Bray, æt: 52—of a sanguineo choleric temperament; after exposure to cold and wet, complained of chilliness and head-ach; of nausea and great prostration of strength. Pulse 84, and weak; skin hot and dry; tongue furred and yellow; taste sourish; no appetite; bowels constipated; says that his bones are sore, and that he has an acute

acute pain in his back and forehead. This is the fourth day of his illness.

Detrahantur venâ brachiali Sanguinis unciæ quatuor.

Habeat misturam catharticam. Fever diet.

25th.

Felt considerable relief from the bleeding; blood sizy and florid; crassamentum in large proportion to the serum; slept six hours; free from pain of head and back; calls for food. Convalescent.

This is a case of brain-fever of threatening aspect, arrested in its progress on the 4th day by a single bleeding, and by the administration of a cathartic; it shews that advanced age and debility are no arguments against the practice; indeed, the quantity of blood which seems necessary to be taken away, is so small as to remove all apprehension of danger from this evacuation. In similar cases, physicians not infrequently apply six, eight or 12 leeches to the temples, by means of which more blood is lost, yet the benefit derived is comparatively trifling.

June 23, 1812.

Mark Healy, æt: 31—of a slender frame and sanguine temperament, was brought to the House of Recovery and Fever-hospital in Cork-street, on the 23d of June, labouring under fever of 21 days standing; delirium so violent as to oblige the attendants to put on a strait waistcoat. Pulse 116, feeble and irregular; skin hot; tongue foul and of a brownish

brownish yellow; speaks indistinctly; tremors; breathing hurried; features contracted and expressive of the deepest anguish and distress; fulness and tension of the abdomen; dysuria; fæces and urine passed involuntarily.

Mittatur sanguis statim e brachio ad uncias sex.

Habeat misturam catharticam.

Injiciatur enema terebinthinatum quartis horis.

Foveatur abdomen. Fever diet.

24th.

Immediately after the bleeding he became collected, spoke distinctly, and called for drink: blood buffed; crassamentum in large proportion to the serum; pulse 98, soft and of tolerable strength; tongue moist; skin cool; general perspiration; no head-ach nor oppression; countenance more natural; slept several hours; three dejections; urine turbid; calls for food; extremely weak. Convalescent.

Repetatur mistura cathartica. Fever diet.

25th.

Four dejections of a brownish yellow color; urine turbid; tranquil sleep; skin cool; tongue cleaner; great debility; pulse 86, softer and regular.

The blood-letting in this instance, had a singularly happy effect under circumstances the most unfavourable: the case was considered so desperate that a medical friend advised me not to make trial of the lancet, lest it might throw a reflection on the practice;

tice: the blood exhibited the inflammatory appearance; the brain was the seat of disease. To the excitement of this organ we may ascribe the delirium ferox, the tremors, the involuntary dejections, the frequent pulse, and the wild dejected countenance; these alarming symptoms immediately yielded to the bleeding; the state and condition of the vascular system was changed, the diseased actions in the brain subsided, and the patient recovered. Had these diseased actions proceeded so far as to excite suppuration or mortification; or, had effusion or extravasation taken place, blood-letting and all other remedies would have been employed in vain.

June 25, 1812.

John Purcell, æt: 20—of a sanguine temperament, has been ill six days of fever, occasioned by fatigue and by exposure to cold and wet; at present, the urgent symptoms are head-ach, prostration of strength, præcordial anxiety and acute pain of back. Pulse 100, of tolerable strength; skin hot and dry; face flushed; tongue foul and cream colored; bowels constipated; urine high-colored.

Detrahantur venâ brachiali, sanguinis unciæ sex,
Habeat misturam catharticam. Fever diet.

26th.

Would not suffer himself to be blooded; nine dejections, greenish and yellow; urine limpid; pulse 106, feeble; skin hot and dry; watchfulness;

face flushed; complains mostly of head-ach, general soreness and uneasiness.

Mittatur sanguis e brachio ad uncias quatuor.

Repetatur mistura cathartica.

27th.

Could not be prevailed on to be blooded; four dejections; urine turbid; restlessness and anxiety; pulse 104, soft; skin hot and dry; face flushed; complains much of pain of forehead and back.

Mittatur sanguis e brachio ad uncias sex.

Repetatur mistura cathartica.

28th.

Allowed the bleeding to be performed yesterday; blood slightly buffed; was considerably relieved by the operation; four dejections of a brownish yellow; urine turbid; pulse 84 and soft; skin cool; complains of pain in his head and back; some return of sleep and appetite.

Repetatur sanguinis detractio ad eandem quâ antea quantitatem.

Repetatur mistura cathartica.

29th.

About one ounce of blood only was taken away; skin hot and dry; restlessness and anxiety; pulse 96; tongue foul and whitish; three dejections, grey and yellowish; face flushed; some return of head-ach; slight cough; no appetite.

Mittatur sanguis e brachio ad uncias quatuor.

Repetatur mistura cathartica. Fever diet.

30th.

30th.

Was so timorous that the operation could not be performed; restless and anxious; pulse 100; skin hot; no appetite; face flushed; general uneasiness and soreness.

Mittatur sanguis e brachio ad uncias sex.

Repetatur mistura cathartica.

July 1, 1810.

Says that he found immediate relief from the bleeding; blood slightly buffed and dark-colored; all pains, soreness and uneasiness have ceased; pulse 80 and soft; skin cool; four dejections; urine natural; return of sleep and appetite. Convalescent.

This is a case of brain fever, not distinguished by any peculiar or very violent symptoms, known by the name of the Typhus mitior.

The efficacy of blood-letting, and the advantages it possesses over the purgative plan of treatment, are here fully exemplified: from fear and obstinacy this patient would not suffer himself to be blooded during the two first days he was in the hospital; on each, a brisk cathartic was administered, and six or eight dejections severally followed; the head-ach, watchfulness, anxiety and general pains and soreness, notwithstanding, continued; these symptoms, however, did not seem to be aggravated—they were not diminished—on the third day after his admission, and the ninth of his illness, after much persuasion, blood was taken away to the amount of six ounces; immediate relief followed, and he called

for

for food; the fever was broken not subdued; a second bleeding was requisite; to this he would not submit till two more days had elapsed, in which interval recourse was again had to purgatives; and the purgatives again had the effect of checking the progress of the disease, but not of curing it. On the 12th he was rather desirous to be blooded; the day following he was convalescent; and what is curious, the blood, in this single instance, exhibited a blackish hue, although neither petechiæ nor the other symptoms, commonly considered as indicative of putrescency, were present.

This patient was admitted on the seventh day of his illness, and was convalescent on the morning of the 13th.

No critical evacuation was observed to accompany the termination of the fever.

June 18, 1812.

James Paget, æt: 68—of a melancholic temperament, has been ill 20 days of fever. Pulse 98, unequal in strength; skin hot and dry; tongue foul; bowels constipated; urine limpid; complains of pain of forehead, confusion of ideas, præcordial anxiety, general uneasiness and great debility—fatigue and exposure to cold and wet are considered as the causes of this attack.

Mittatur sanguis e brachio ad uncias quatuor.

Habeat misturam catharticam. Fever diet.

19th.

Says that he felt himself very well after the bleeding;

bleeding; blood buffed; crassamentum in large proportion to the serum; pulse 78 and regular; tongue moist; head-ach and præcordial anxiety considerably relieved; watchfulness and uneasiness; three dejections dark-colored; urine limpid.

Repetatur mistura cathartica.

20th.

Four dejections rather yellowish; urine turbid; sound sleep; skin cool; tongue cleaner; features expressive of ease of body; pulse 78, soft and regular; free from head-ach, præcordial anxiety and general uneasiness; calls for food. Convalescent.

Old age is here presented labouring under fever; this fever was successfully treated by blood-letting and cathartics; the blood exhibited the inflammatory appearance.

On the 21st day of this patient's illness he was admitted into the House of Recovery, Cork-street—On the morning of the 23d he was convalescent. No critical evacuation was observed to attend the close of fever in this instance.

June 18, 1812.

John Rorke, æt: 23—of a sanguineo phlegmatic temperament, has been ill 21 days of fever, which he ascribes to cold, wet, intoxication and long fasting; complains chiefly of head-ach, nausea and vomiting, and of pains in his back and bones; tongue yellow and foul; skin hot and dry; pulse

pulse 90, unequal in strength; great debility; pain on pressing the epigastric region; taste bitterish; hearing blunted.

Detrahantur venâ brachiali sanguinis unciæ quatuor.

Habeat misturam catharticam. Fever diet.

19th.

Relieved by the bleeding; tendency to deliquium supervened; blood sizy and florid; head-ach easier; less nausea and vomiting; skin hot and dry; pulse about 100, but unequal in strength and frequency; much anxiety; disturbed rest; low delirium; petechiæ upon the chest; four dejections brown and yellowish; urine high-colored.

Repetatur sanguinis detractio ad eandem quâ antea quantitatem.

Repetatur mistura cathartica.

20th.

Not relieved by the bleeding; blood sizy and florid; low delirium; petechiæ as yesterday; great debility; pulse about 96, weak and irregular; tongue yellow and parched; two dejections; urine high-colored; suspirious breathing; great despondency.

Repetatur sanguinis detractio ad eandem quâ antea quantitatem.

Repetatur mistura cathartica.

21st.

Found himself weak after the bleeding, but relieved of his pains, anxiety and general feeling of distress; slight perspiration; skin soft but hot; three dejections dark and morbid; urine turbid;

some

some rest and return of appetite.

Repetatur mistura cathartica

Injiciatur Enema purgans.

22d.

More feverish to-day; return of delirium, head-ach, nausea and præcordial anxiety; three dejections, greenish; urine lemon-colored; feels pain on pressing the epigastric region.

Mittatur sanguis statim e brachio ad uncias quatuor.

Repetatur mistura cathartica. Fever diet.

23d.

Little change from the bleeding of yesterday; blood sizy and florid; pulse 54, feeble; skin hot; less nausea and præcordial anxiety; petechiæ more faint; three dejections dark and morbid; urine high-colored.

Mittatur sanguis e brachio ad uncias sex;

Repetatur mistura cathartica.

24th.

Was considerably relieved by the bleeding of yesterday; blood florid; crassamentum very soft, and in large proportion to the serum; pulse 76, softer and stronger; skin soft and cool; petechiæ scarcely visible; free from head-ach, nausea and præcordial anxiety; three dejections brownish and morbid; urine turbid; had some rest; calls for food. Convalescent.

This was a fever of a mixed kind, and like most others of the same nature, tedious. The brain

was

was affected in the first instance; in the second, a derangement of the stomach and intestines was indicated by the uneasiness and pain in the epigastric region, by the anxiety, vomiting and depression of spirits—the advantages of blood-letting are not always immediately felt; here, no sensibly good effects followed the first bleeding; after the second and third the relief was immediate; after the fourth, permanent; this depends on different circumstances —the degree of vascular excitement, the seat and extent of the affection, the manner in which the blood is drawn, and the nature of the exciting cause; if, for example, the brain be the seat of fever, vascular excitement only is to be combated; but, if it be seated in the stomach, bowels or biliary organ, an accumulation of morbid bile or of acrid feculent matter, may serve to keep up the disease, or may cause its return, even where blood-letting has been employed with advantage; this was exemplified in the present instance; for, although the brain-affection had given way, the diseased actions in the epigastric region were not subdued until a large quantity of morbid fæces had been removed—From the reports it appears that the blood was always florid, it varied considerably in consistence and tenacity, but never was buffed. A teasing cough, unaccompanied by expectoration, made its appearance towards the close of the complaint: this we may ascribe to the irritation of the lungs, occasioned by the generally increased vascular action, and to the sympathy that subsists between the lungs and the alimentary canal.

May

May 29, 1812.

Patrick Fannin æt: 42—pale, phlegmatic and addicted to the use of spirituous liquors, laboured under fever of the typhoid type; the urgent symptoms were pain, sense of weight and fulness in the head, præcordial anxiety, cough, and a feeling of general uneasiness and distress—cathartics, antimonials and diluents were administered and a blister was applied upon the chest; on the 11th day of his illness the respiration became quick, stertorous and laborious; stupor and low muttering delirium succeeded, the fæces and urine were passed involuntarily, deglutition became difficult, the pulse very frequent and intermitting. On the 12th he died. In the treatment of this patient blood-letting was not employed.

Dissection—On dividing the scalp a great quantity of blood flowed from its veins; the veins of the dura and pia mater were turgid and black; the minute arteries over the whole surface of the brain were filled with red blood; many small points were observed in cutting through the substance of the brain; about two table-spoonsfull of a serous fluid were found in the lateral ventricles; the plexus choroides was highly colored with arterial blood.

Between the pleura costalis and pulmonalis there were recent adhesions; the vessels of the lungs

were extremely turgid, the heart was unusually vascular, and the pericardium nearly quarter filled with a serous fluid of a light yellowish colour.

The stomach and intestines were sound, but distended with air.

The liver was of a deep colour and enlarged; the gall-bladder was loaded with a grumous fluid, partly bile and partly blood.

The spleen was considerably enlarged and soft; it contained grumous blood.

In this instance marks of inflammatory action were not confined to the brain; they appeared in the viscera of the thorax and abdomen.

To the cases now related the term brain-fever may be aptly applied, for it expresses simply the seat of disease, and is sufficient to distinguish it from the other varieties to be hereafter mentioned: they are selected from a number of cases, which, from their common resemblance it might be considered tedious, and perhaps useless to detail.

On a review of these cases it appears that no two patients were affected exactly alike, although the leading and characteristic features were the same in all: giddiness, or pain, or weight, or fulness of the head was universally complained of; the external senses were vitiated; in some, the sense of hearing was blunted, in others, rendered acute; again, the optic nerve became so irritable, that light, in any degree, caused excessive pain in the

the eye-balls; the remaining senses of touch, taste and smell were likewise affected—the obscurity or perversion of the intellectual powers appeared in every instance; one was marked by stupor, another by low or by high delirium; in this patient, fancy roved unrestrained by judgment; in the next memory called to view, transactions long forgotten, whilst latter ideas were buried in oblivion—such was the disordered condition of the intellectual powers, the due exercise of which depends on the healthful actions of the vessels of the brain—From the symptoms now enumerated, from the flushing of the face, the throbbing of the temples, the suffusion of the eyes, the intolerance of light, and from the complaint made by each patient that his head was particularly affected, we are led to infer, that there was in all, some diseased action existing in the brain; whether of an inflammatory or of a peculiar nature, is a question worthy of our most serious consideration, because, on the opinion we form on this point, depends the treatment, and consequently, the probable recovery or death of the patient.

From the regular presence of certain symptoms we are enabled to form a correct idea of the disorder to which they belong: the characteristic symptoms of brain-fever have been already enumerated; let us now compare these symptoms with

the

the phenomena of phrenitis: here we find headach and delirium, the external senses perverted, the intellectual powers disturbed; the face is flushed, the temples throb, there is intolerance of light and suffusion of the eyes, the pulse is frequent, the tongue foul, the excretions are preternatural; but the same phenomena are present in brain-fever, the diseased action, therefore, cannot be different—the analogy, however, does not cease here; luxury, intemperance and indolence predispose to both diseases, and both are excited by spirituous liquors, exposure to the rays of a vertical sun, intense cold, violent exercise, the stronger passions, &c. &c. The same progress, likewise, may be observed in both, now violent, running on almost instantaneously to effusion, suppuration or mortification; again more slow and deceitful, appearances excite little alarm; all is hope and confidence: yet a few days, perhaps a few hours, and the illusion vanishes; in the treatment moreover, the remedies, which prove the most beneficial in the one complaint, are equally efficacious in the other, as blood-letting, general and topical, the use of purgatives, the application of blisters, diluents and a low regimen.

And, finally, the appearances which present themselves on dissection are the same; these are vessels, turgid and discoloured, effusion, suppuration or mortification. Thus it appears, that the phenomena, progress and termination, the causes and mode

mode of cure, and the appearances on dissection are the same in brain-fever and in phrenitis, the diseased action, therefore, howsoever modified, must be the same; this diseased action is inflammatory—but, phrenitis is said to be more violent and rapid in its progress than brain-fever; this does not hold universally true; granting so much, however, by way of argument, it would only mark a difference in degree not in kind; brain-fever often runs its course in as short, if not, in a shorter period than phrenitis; in the East and West-Indies, and in America, it frequently kills in 48, 24, or even in 12 hours; in Europe it is seldom so violent or rapid; it has, however, appeared, and in an equally malignant form, at Cadiz and Gibraltar, and not long since amongst our troops at Corunna and Walcheren.

In this city the inflammatory action which excites fever, is not, in every instance, attended by acute symptoms—This irregularity in regard to the violence of fever, is a fertile source of error, and may, perhaps, be ascribed to the texture and sensibility of the parts particularly affected; if, for example, the medullary substance of the brain be diseased, little or no pain may be felt; if the membranous or more sentient part, the pain will be acute—In the one case, as the symptoms are urgent, they, at once, indicate the inflammatory nature of the disorder and the remedies to be administered;

administered; in the other, the inflammation is obscurely marked, and the practice, consequently, is vague and inert. This observation is applicable to other organs and parts of the body, as they may happen to be the seat of fever.

Various are the objections which have been made to the doctrine, that the diseased action which excites fever is inflammatory. The following are the principal, and they are deserving of notice.

Fever, it is said, cannot depend on an inflammatory action, because blood-letting, purgatives, sudorifics and blisters are not always sufficient for its removal: in answer, it may be remarked, that this argument is equally applicable to inflammation, for, the above-mentioned remedies often fail in the treatment of phrenitis, pneumonia, hepatitis or other disorder acknowledged inflammatory; and the failure may, perhaps, be ascribed, in the case either of inflammation or of fever, to the violence and extent of the disease, to the untimely or injudicious administration of our remedies, or, to the extreme delicacy and importance of the organ affected.

A second objection has been made on the ground that though bleeding had been employed, and the violent symptoms had thereby abated, yet that fever still continued, as was manifest from the state of the pulse, skin, tongue and appetite, and by

the presence of low delirium—the fact is admitted, it is daily witnessed. The objection, if of any force, would apply equally to the inflammation of the viscera, in which the same febrile affection is often observed to exist after the violence of the disease has been subdued. The sea continues to be agitated after the tempest has ceased.

But, a question of moment here arises—is the lancet to be dispensed with, as soon as pain has yielded?—Inflammation may subsist in the parenchymatous or spongy substance of an organ without exciting pain; it may subside in a highly sentient part, and yet attack or exist in another of little sensibility; the state, therefore, of the pulse, skin and tongue, the condition of the excretions, the degree of strength of the patient, the presence or absence of watchfulness, delirium or anxiety, are altogether to be taken into consideration, and in the absence or on the cessation of pain, are to direct us as to the propriety of further blood-letting, and this too without any regard to the period of the disease.

In the third place it has been stated, that, as low inflammation of the brain, lungs, liver, &c. may subsist without fever, inflammation and fever are distinct disorders. This idea seems to have arisen from the fallacious theory which prevails with regard to chronic inflammation.

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From habit, and from want of attentive observation, inflammation and pain are so associated in our minds, that when we do not find the one we overlook or neglect the other; yet nothing is more true, than that inflammation may subsist without pain, but it never can without fever; when, indeed, the inflammation is acute, the febrile affection is evident; when low, often obscure, in which case the practitioner and the patient are often unwilling to allow that such a disease exists, and the slight chills, the irregular heats and flushings of the face, the fulness or pain of the head or of the chest, and the frequency of the pulse, are supposed to arise from some other cause; or, the indefinite epithets, nervous or bilious, are applied to the persons so affected.

Another argument is grounded on the supposition that there is not the same prostration of strength in inflammation as in fever.

Does not the prostration of strength in both, depend on the nature of the organ affected, and on the particular seat and extent of such affection?—Many, it is true, go abroad labouring under inflammation of the lungs, head, &c. but many, likewise, go abroad labouring under fever.—It is, in nowise uncommon to see people in fever engaged in their ordinary occupations, even to the seventh and 10th day, and sometimes too, when covered with petechiæ. These are every-day-facts; but,

but, when the attack is violent, the prostration of strength is instantaneous, whether the disease be denominated phrenitis or brain-fever, pneumonia or pulmonic fever, hepatitis or hepatic fever.

Again, it is urged that there is not the same disturbance of the external senses, and of the intellectual powers in inflammation as in fever.

If the brain be the seat of disease, whether of inflammation or of fever, the animal functions are uniformly disturbed, and the disturbance will depend on the violence of the attack and the part of the brain especially concerned; in the affection of other organs, as the lungs, the kidneys, &c. the derangement of the animal functions is seldom either immediate or alarming; this, however, does not hold universally, for, in pneumonia, enteritis, &c. the voluntary and intellectual powers are, in some instances, as much weakened and disturbed as in a violent attack of brain-fever.

A fifth objection is grounded on a supposed difference in the causes producing the two diseases—Marsh and human effluvia are said to be the parents of fever; wet, cold, intemperance, violent exercise, &c. of inflammation. If such were really the case, it might be granted that thus far a difference did exist; experience, however, does not warrant the assertion.—In the fever of Philadelphia * and New York, inflammatory symptoms were evident; and

* See Rush on the yellow fever—and the Philadelphia Medical Museum.

on dissection various organs were found in a state of inflammation, suppuration or gangrene; yet this fever has been ascribed to the operation of marsh and human effluvia.—The fevers of the East-Indies * and the West-Indies † have had the same origin, inflammatory symptoms and appearances on dissection, as the fevers of New York and Philadelphia; and the typhous, bilious, remittent and intermittent fevers of this climate are often not different from those above mentioned, either in their origin, their progress, or their appearances after death.

The fevers which made such havoc among our troops at Corunna ‡ and Walcheren § were also accompanied

* See Clarke's observations on his own practice in the East. where on dissection several organs appeared to be in a state of inflammation and mortification.

† Dr. Jackson, speaking of the appearances on dissection in those who died of the fever of the West-Indies, says, "in the majority of subjects who die in the acute state of the disease, the membranes of the brain are inflamed; or, the blood-vessels turgid to an extraordinary degree, give an appearance of commencing gangrene, rather than that of inflammation, properly so called—water is sometimes found in the ventricles, with evident effusion in the interstices."—He also remarks that, in several cases, the membranes and viscera of the thorax and abdomen were found in a state of inflammation and gangrene. *See Dr. Jackson's outline of the history and cure of fever, &c.*

‡ Dr. M'Grigor, in his account of the dissections made at the General Hospital, under Dr. Clarke and Mr. Aveling, of those who died of the Corunna fever, mentions that in several cases there was an affection of the brain, the vessels in each hemisphere being

companied by inflammatory symptoms; and after death, suppuration, effusion or mortification were uniformly remarked, and these fevers were also considered to depend on the action of marsh and human effluvia.

And

being found turgid; that water was frequently found in the ventricles, and that the substance of the brain was found in some cases, soft and pulpy.—On opening the chest both lobes of the lungs frequently bore marks of previous inflammation; and in some cases there were adhesions of the pleura, with some water in the pericardium.

Mr. Burnet, in his account of the sick landed from Corunna, writes thus to Dr. M'Grigor: "I had no doubt of the disease being inflammatory from the beginning. I accordingly treated it with liberal evacuations, and in no instance, when the patient came under my care in his first attack, did I fail of producing a complete remission in twenty-four hours. Though the disease did, in some instances, assume the form of synochus, it was only in such patients as had not been evacuated in the early stage of the disease. I had about 15 or 16 of my own nurses taken ill; they were bled to 63 or 70 ounces the first day they complained, and none of them died." *See Ed. Med. and Surg. Review for January,* 1812.

§ The general appearances on dissection were, a turgescence of the vessels of the pia mater, effusion of serum between the meninges, with layers of coagulable lymph, the substance of the brain was almost invariably softer than usual; the pleura had frequently extensive adhesions to the lungs, particularly the upper part connected with the vertebræ of the back; the stomach, intestines, spleen and liver with the connecting membranes bore marks of inflammation or mortification.—See Ed. Med. and Surgical Review for July, 1810.—Davis and Dawson on the Walcheren disease.

And, whilst I now write, a fever called putrid, rages in Murcia and in other parts of the South of Spain, in which the symptoms of inflammation are so strongly marked as to demand blood-letting; and where suppuration or mortification had not taken place, the practice has been attended with the best effects. This fever is ascribed to the action of the Sun's rays on the stagnant marshes of Murcia, in which animal and vegetable matter were in a state of putrefaction. Here is sufficient evidence of the power of marsh and human effluvia to produce inflammation, suppuration and gangrene, and fever of the most putrid and malignant nature.

In the next place it has been argued that fever and inflammation differ, both in their progress and termination; on examination, however, it will appear that the same symptoms are observable in both, as rigors, pain, nausea, loss of appetite, frequency of pulse, heat of skin, thirst, delirium, singultus, involuntary excretions, &c. &c.; we also find that diarrhæa, hemorrhage and other evacuations occasionally attend the course and termination of these diseases.—It may be further remarked, that when either fever or inflammation terminate unfavourably, the phenomena which present themselves on dissection are alike, these are, vessels enlarged and turgid, membranes thickened, or extravasation, suppuration or mortification.

Another objection is made on the ground of a difference in the symptoms necessary to form a

prognosis;

prognosis; excessive pain and disordered function, for example, are indicative of danger in inflammation; high delirium, subsultus tendinum, singultus, paralysis of the sphincters, &c. are the alarming symptoms in fever.—In inflammation of the brain, the stomach or the lungs, our prognosis is directed by the symptoms that point out the degree in which these organs are affected, so it ought to be in fever, which is caused by the disordered actions of one or more viscera or parts of the body; thus delirium, subsultus tendinum, violent pain of the head, paralysis of the muscles of deglutition, or of the sphincters, &c. equally direct our prognosis in fever and in inflammation of the brain; the violence of these symptoms in both these diseases indicates danger; their mitigation renders the prognosis favourable.

One further objection, and a supposed unanswerable one, I shall now notice: it is maintained that as fever and inflammation yield to opposite remedies, they must necessarily be distinct disorders—it is with inflammation as with fever, recoveries take place from both, though treated by wine, spirituous liquors, or other noxious remedies, and they frequently disappear without the aid of medicine; but, the most approved plan consists in the use of cathartics, sudorifics and emetics, the application of blisters and the sedative regimen—blood-letting is the only part of the

plan

plan adopted in inflammation and not in fever; but, has it not been proved by the cases related, that the use of the lancet is not less serviceable in fever than in inflammation?—In many of the instances quoted the relief obtained was immediate and permanent—and, if we appeal to authorities, the practice appears to be so strongly supported that we cannot but wonder that it should ever have been laid aside.

Sydenham recommends blood-letting, even in the plague, his words are as follow:

"Ut rem contraham, eò tandem deveni ut eâdem omnino mihi methodo procedendum fuisse in prædicto casu arbitrarer, quâ in pleuritide sæpius cum successu singulari usus fueram, quæ sententia deinceps feliciter atque ex voto cessit." *

Sir John Pringle, treating of the cure of malignant fever, observes, "when the fever is manifest with a quick and full pulse, it will be proper to begin with a small or moderate bleeding; when the symptoms are high, a plentiful evacuation seems indicated; yet large bleedings have generally proved fatal, by sinking the pulse and bringing on a delirium." †

And, on the bilious fever, he says, "bleeding being indispensable, it is the first thing to be done in

* Vide Sydenh. de febre pestilentiali.

† See observations on the malignant and bilious fevers.

in every case, and is to be repeated once or oftener, according to the urgency of the symptoms."

Even Huxham, though not an advocate for bleeding generally in fever, observes, " though malignant and pestilential fevers, at the very onset, greatly sink the spirits, and cause surprising and sudden weakness, especially when from contagion; yet bleeding to some degree, is most commonly requisite, nay necessary in the strong and plethoric." *

" Dr. Jackson says," copious, or what is deemed by most persons to be, profuse bleeding, often arrests the progress of continued fever at one stroke: it rarely fails of entirely changing its condition if the circumstances be proper of themselves, and if the process be judiciously conducted in practice." †

Blood-letting and cathartics were very freely employed by Dr. Rush in the treatment of the yellow fever: he says, " I have publicly asserted that the remedies which I adopted, cured more than 99 out of 100 of all who applied to me, on the first day of the disorder, before the 15th of September. I was not at all singular in this successful practice on the first appearance of the disease."

He further states that " *blood-letting, when used early on the first day, frequently strangled the disease in its birth*, and generally rendered it more light, and the convalescence more speedy and perfect." ‡

Mr

* Huxham's essay on fevers.

† On the cure of fever, &c. &c.

‡ Account of the bilious yellow fever, page 266.

Mr. Hooper, writing on the treatment of the sick returned from Corunna, mentions that a Mr. Stevenson, Surgeon of the third Lancashire Militia, in addition to the practice generally adopted, used large and repeated bleedings, which a reference to the proportion of the sick at the Hospital, under his care, appears to justify.—On a reference to the list it appears that Mr. Stevenson lost about $\frac{1}{3}$ less—out of 157 patients the deaths amounted to nine only, whereas by the other practice out of 306 there were 28 deaths. *

Dr. Irvine, in his observations on the endemial fever of Sicily, remarks, that the two remedies which evinced the only decided powers in cutting it short were blood-letting, especially from the head, and the cold affusion; and on dissection, the brain and its membranes presented, for the most part, inflammatory appearances. †

It has been urged that inflammatory disorders are seldom fatal compared with fever; this we may readily credit, and for an evident reason, blood-letting is generally employed in the one disease, and almost never in the other; I here speak of acute inflammation; what has been said, does not apply equally to the chronic; numerous are the instances of lingering death from this low degree of inflammation, because the cause and source of the symptoms are not clearly perceived, and because the

* See Ed. Med. and Surg. Review for 1810, page 172.

† Ed. Med and Surg. Journal, 1811.

the theory of its nature is fallacious.—And thus it fares with fever, false notions are entertained of its seat and nature, and the treatment is consequently vague and unsuccessful; sometimes, indeed, local symptoms are so urgent as to demand, in opposition to all theory, the application of leeches, of blisters, or of the cupping instrument; unfortunately, however, the primary and characteristic symptoms are, too often, obscure or overlooked, whilst the febrile or secondary ones are clear and particularly attended to—hence, the fatality of fever; the teazing and painful routine of practice; the tedious illness; the lingering convalescence; the aggravation of former diseases, the production and evolution of new ones.

It will be remarked, that in the cases already stated, I have employed venesection without attending to the efforts of the vis medicatrix naturæ; and notwithstanding the debility of the patient, the weak state of the pulse, or the appearance of petechiæ; points on which great stress has been laid, and which I shall now proceed to examine.

Fever is considered an effort of nature to subdue some poison, or throw off some morbific matter injurious to health; and this is supposed to be accomplished either with or without sensible evacuation—Fever, it is true, is sometimes found to abate or to cease, on the appearance of an hemorrhage from the nose, the bowels, the lungs;

or, if diarrhæa or perspiration supervene; or, if urine be passed in large quantity or of preternatural quality; or, on the appearance of an erysipelas or a phlegmon upon some part of the body; but, it is equally true, that these evacuations and appearances have often no effect whatever on the course of the disease, and that they happen not unfrequently before death.

The febrile actions which produce these evacuations have been denominated the efforts of the vis medicatrix naturæ; now, were these actions really the efforts of the healing powers of nature, were the evacuations produced by such actions generally salutary, it must follow, that whatever would disturb these actions or prevent those evacuations would be injurious; from experience, however, we learn that blood-letting, cathartics and sedatives are employed with considerable advantage; and these remedies not only counteract the evacuations and appearances mentioned, but the febrile actions by which they are excited; on what ground, therefore, it may be asked, can we apply to such efforts the epithet of healing?—or why leave so formidable a disease as fever to its own efforts? as well might it be said, that the feverish symptoms, the pains, the spasms and convulsions that attend phrenitis, dysentery, or hydrocephalus internus, are the consequences of the salutary powers of nature, and are to be left to her management and control.

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The doctrine that fever consists essentially in debility and in a putrescency of the fluids, has led among other remedies, to the use of wine, which has been and still is administered in large or in small quantity, according to the features of the disease, or the opinion of the practitioner; and so much are the public and the faculty prepossessed in its favour, that some time must elapse before its properties be duly appreciated or a check be given to its administration; yet, if we could but dispassionately reflect on the inflammatory nature of fever, and on the stimulating properties of wine, we would conclude that it is detrimental. It must be acknowledged, indeed, that the symptoms are often deceitful, such are, the prostration of strength, the loss of appetite and the feebleness of the pulse; but these symptoms are not the consequence of debility but of over-excitement; evacuants, therefore, and not stimulants are indicated.—Wine stimulates the nerves and fibres of the palate, fauces, æsophagus and stomach; the vascular system is excited, the pulse is quickened, the face is flushed and the spirits are exhilerated; the skin becomes hot, the tongue parched, the thirst urgent; such is the effect of a certain quantity of wine; increase this quantity and the temples throb, the head aches, and the eyes become suffused; next, succeed stupor, vertigo, prostration of strength, and sometimes, apoplexy, mania, epilepsy, fever or inflammation

of,

of one or more of the viscera; such are the stimulating effects of wine, which, in the first instance, gives a temporary degree of strength, in the second, produces debility and the diseases of over-excitement.—Can such a remedy be administered with safety in such a disease as fever?—that some recover who have taken largely of wine, no one will question; the recovery, however, cannot justly be ascribed to the wine, but to the mildness of the attack, the strength of the constitution, or the counter-operation of the medicines usually exhibited; we may also remark, that treat our patients as we will and they frequently recover; and the question is not always, what medicine was most useful, but what was least pernicious—that wine, however, is inadmissible in fever, more especially at the commencement, may be inferred, not only from the inflammatory tendency of the remedy, but from the superior success which attends the use of evacuants and sedatives. *

Skenkius, writing on the Hungarian fever, says, "omnes qui vini potione non abstinuerunt, interiere; adeo ut summa spes salvationis in vini abstinentia collocata videretur. †

In

* Aio toto cælo distare curationem morbi eâ methodo cui sola ægri nonnunquam ad sanitatem restitutio astipulatur; et ejusdem curationem istâ praxeos methodo cui et frequentior ægri restitutio atque etiam phænomena practica omnia quæ in eodem curando incidunt, pariter astipulantur." *Vid. Sydenh. de novæ febris ingressu, page* 512.

† Lib. 6. page 847.

In treating of the yellow fever, Dr. Rush remarks, " had the whole materia medica been ransacked, there could not have been found any three medicines more opposite to the disorder than bark, wine and laudanum." *

Again, he says that " *blood-letting lessened the sensible debility of the system;* hence patients frequently rose from their beds, and walked across their rooms, a few hours after the operation had been performed." †

The Ed. Med. Journalists, in their examination of the 6th chapter of Dr. Irvine's observations, &c. deliver the following very judicious sentiment: " indeed although there may be a multitude of routinists who continue to apply wine and bark as soon as they hear the word *fever*, we are sure that no thinking and observing physician now employs those medicines in the early stages of *any fever* in this country; and we are equally persuaded from observation, that if the prejudices of education and the shackles of hypothesis, in regard to the nature of the debility, were cast away, the same medicines would be shunned even in the late stages of typhoid fevers, where delirium and restlessness, accompanied with flushed countenance and suffused ferrety eyes occurred." ‡

Even after the cessation of fever, a question arises as to the propriety of the exhibition of wine—is it then

* Account of the bilious yellow fever, page 296. Et seq.

† See account of the bilious yellow fever, page 262.

‡ See Ed. Med. and Surg. Journal for July, 1811.

then necessary?—may it not stimulate too highly vessels in a state of great irritability, and thus cause a return of the disease?—are not nutritious drinks and light food more easy of digestion, more congenial to the frame and more likely to give strength?

In small-pox, it was formerly the practice to administer wine, spirituous liquors and cordials, to keep the bowels constipated, the bed-chambers heated, and the patients wrapped in flannel; the mortality was dreadful, still, however, several recovered; to this treatment succeeded the sedative and evacuating plan, and this formidable disease was robbed of its terrors.

In measles, blood-letting was once held in as great abhorrence as it is now in fever; the heating system was then adopted, the ravages were great, and the lingering deaths that supervened were numerous; moreover, the petechial eruption and the other symptoms denominated putrid, were then frequent; a different view is now taken of this complaint, it is treated as one of an inflammatory nature, and death seldom occurs, the petechial eruption almost never.

Now, after the successful trials that have been made of blood-letting and cathartics in fever, I should fain hope, when the use of wine and other stimulants is laid aside, that this practice, fully and judiciously adopted, will be attended with the same important advantages.

The state of the pulse is much dwelt on by authors

authors and practitioners, in forming their prognosis and in directing the treatment; it may be questioned, however, whether the particular stress laid on this symptom be not a frequent cause of error, when considered with regard to the nature, the probable event or the treatment of fever.

No complaint is distinguished by a greater variety of pulse than fever; nor should this excite surprise, for though inflammation and deranged vascular action exist in one or more organs or parts of the body, and every function of life be disturbed, yet the disturbance of the pulse is not always in proportion to the violence of the attack or the extent of the affection; at one time, parts possessed of but little sensibility are inflamed, and to a considerable extent, the pulse, notwithstanding, may not sound the alarm, it may even lead to a practice highly injurious; whereas, if parts of exquisite feeling be affected, though in a slight degree and to a trifling extent, the pulse at once indicates the necessity of employing some efficient remedy.

The inequality of the pulse, both as to strength and frequency, in the cases already quoted, was remarkable; often weak, frequent, irregular and intermitting; yet bleeding afforded relief, and the beats have become stronger and more regular.

Sir John Pringle, in his description of the bilious fever says "several of the men were seized

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at once with a burning heat and violent head-ach; some feeling a short and slight chilliness before, others mentioning no preceding disorder. They complained, besides, of intense thirst, aking of the bones, a pain of the back, great lassitude and inquietude, frequently of a nausea, sickness or a pain about the pit of the stomach, sometimes attended with a vomiting of a green or yellow bile of an offensive smell. *The pulse was upon the first attack generally depressed, but rose upon bleeding.*" *

And Mr. Tough, Surgeon, in his account of this fever, says " the pulse was so small and depressed, that if a vein was opened, the blood at first would scarce run; but that after some evacuation, it flowed briskly, and the pulse rose upon bleeding." †

" Many practitioners," says Dr. Mosely, writing on the Endemial fever of the West-Indies, " have been deterred from bleeding their patients, from the depression of the pulse, and from the faintness which sometimes accompanies the very onset of fever; but here the pulse always rises, the faintness disappears as the heart is relieved from its oppression by the loss of blood—Faintness and depression of the pulse here are not to be considered like those circumstances where putrefaction has commenced, or where there has been

* Observations on the bilious fever, page 171.

† See page 176.

been long and fatiguing illness; they are symptoms here of plethora, the reverse of inanition." *

The following case is given by Dr. Jackson:

"*August 25th*—M. N.—about four in the morning seized with head-ach, chilliness, sickness at stomach and pains in the limbs. Evening, came to the hospital; the skin cool and covered with a clammy sweat, the pulse small, frequent and confined, the countenance flushed, confused and grim, the eye white and glossy—bled; the blood very dark, and though the orifice was large, it only flowed by pressure along the vein. *26th*, The orifice opened of itself during the night, and a good deal of blood was lost; in the morning much relieved; the tongue is foul, the pulse is soft and full, the skin soft and warm, the body open.—27th, no sleep, skin warm, pulse quick and strong, with pains in the limbs.—Noon, bled. *The blood flowed so freely it could scarcely be restrained*; pulse quick and not weak.—28th, slept well and sweated copiously.—29th, skin hot; *pulse strong and full*—Noon, perspiring freely; the fever going off. He was completely recovered by the 10th of September." †

Mr. Boyle, treating of the Endemial fever of Sicily, writes thus: "Copious blood-letting was what I chiefly depended on; in the use of this remedy I was never entirely directed by the state of the pulse, particularly after some days had elapsed,

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* On the Endemial Causus of the West-Indies, page 442.

† On Fever, &c. &c. &c.

elapsed, the head-ach and giddiness appearing more certain guides; and I have often found that in such cases these symptoms were relieved even while the blood flowed, *the pulse gradually becoming fuller and more regular.*" *

From what has now been stated it follows, that the pulse is not always a true criterion by which to judge of the degree of strength in fever, or of the remedies to be administered.

From the presence of petechiæ the putrescency of the fluids is usually inferred; this idea seems to have originated in the purplish or dark colour of the eruption. That such a state of the blood does not exist in fever I conclude, because, as I have before observed, in every fever there is inflammation of one or more organs or parts of the body, because, the blood drawn is often buffed, cupped or tenacious; in almost every instance it is florid, and the crassamentum in large proportion to the serum; and, because, considerable benefit is derived from the practice of blood-letting.

If the blood and other fluids be putrescent, how are they to be renovated?—What changes must they not undergo before recovery could take place?—Recoveries, however, we often witness, where the body is covered with petechiæ and vibices, without any critical evacuation or sensible change of the circulating mass.

Petechiæ often appear on the second, third or fifth

* Ed. Med. and Surg. Review, No. 24, page 422.

fifth days of fever, and decline on the 10th, 11th and 12th. This seems to denote that they proceed from vascular excitement, which, at the commencement of fever, is in a higher degree than towards the latter stage; this is further confirmed by the effects of blood-letting; after which, I have remarked, in several of the cases herein quoted, that the colour of the eruption became more faint.

Were petechiæ to proceed from a putrescency of the fluids, or from the broken and dissolved texture of the blood, the blood so dissolved would be found in all the cavities of the body, and death must necessarily follow from such extravasation: experience and dissection demonstrate the contrary.

Sydenham, speaking of the appearance of petechiæ and purple spots in fever, adds;

"Quæ tamen omnia in plerisque subjectis inflammationi ægri sanguini, jamdiu plus satis a febre accenso, superinductæ omnino debentur." *

Thomas Bartholine, in his account of a malignant fever that raged at Copenhagen in the year 1652, says, "the fever was accompanied either with quotidian or tertian paroxysms, with bilious vomitings, a burning heat, violent head-achs, frequently a delirium; and with *petechial spots that came out in the fits, and disappeared in the remissions.* †

This

* De novæ febris ingressu, page 509.

† Bartholine hist. anat. rar cent. II. hist. I. vi.

This is a curious fact and deserving of notice; it shews that the appearance or disappearance of the petechiæ depended on the increase or diminution of vascular action.

"Petechiæ," says Dr. Rush, "depend on a rapid inflammatory action of the blood-vessels, and are nothing but effusions of serum or red blood, from a rupture or preternatural dilatation of the capillary vessels." *

Again he says, "the presence of petechiæ did not deter me from repeating blood-letting, where the pulse retained its fulness or tension; I prescribed it with success in the cases of Dr. Mease and of Mrs. Gebler, in Dock-street, in each of whom petechiæ had appeared. Bleeding was equally effectual in the case of the Rev. Mr. Keating at a time when his arms were spotted with that species of eruption which I have compared to moschetto-bites. So far from viewing these eruptions as signs of putrefaction, I considered them as marks of the highest possible inflammatory diathesis." †

PULMONIC

* See Rush on the bilious fever, page 73.

† ——————————, page 270.

PULMONIC FEVER.

I have given the epithet of brain-fever to the cases already stated, because the brain was the organ primarily affected, and to these that follow I give the name of pulmonic, because the lungs seemed to be the primary seat of disease.*

July 13, 1810.

Eliza Richardson, æt: 20—Five days ill of fever, which began with languor and lassitude, loss of appetite, slight cough, weight and fulness of head and disturbed rest; has taken opening medicine; was exposed to the influence of contagion; at present she complains of a feeling of internal heat and general uneasiness, of a troublesome cough, of thirst, and of pain in the temples, especially after a fit of coughing; pulse 96 and tense, breathing hurried, skin hot and dry, face flushed and bloated, tongue covered with a milk-white paste, bowels constipated.

Detrahantur venâ brachiali, sanguinis unciæ sex.

R. Infusi sennæ uncias sex.

Sulphatis magnesiæ unciam, solve et cola, dein adde tincturæ jalapæ drachmas sex.

Sumantur cochlearia tria singulis horis donec plenè soluta fuerit alvus.

14th.

Whilst the blood was flowing and for an hour afterwards, the violence of the symptoms abated; blood

* Cases of this description are usually known by the name of "Pneumonia Typhodes."

blood of a scarlet colour and dense; serum in small quantity, of a pale-green colour; cough troublesome; breathing oppressed; complains of pain of head, back and loins; pulse 100, rather soft; skin hot and dry; little effect from the opening medicine; face flushed and of a livid hue; petechiæ of a dark colour cover the breast and shoulders.

Repetatur mistura cathartica. Fever diet.

15th.

Four dejections dark and morbid; petechiæ as yesterday; complains of pain of right side, stretching towards the sternum, of head-ach and oppressed respiration; moans frequently; skin hot and dry; pulse 110 and feeble; urine high-coloured.

Detrahantur iterum venâ brachiali sanguinis unciæ sex.

Vespere, injiciatur enema catharticum.

16th.

Was relieved for some time by the bleeding; blood slightly buffed; serum in very small quantity; two dejections dark and fetid; urine high-coloured; complains chiefly of head-ach and præcordial oppression; says that she does not feel any pain in the breast; eyes suffused; face darkly flushed and swoln; frequent sighing and moaning; restlessness; skin hot and dry; tongue parched, of a whitish yellow; pulse 100, feeble and irregular; petechiæ somewhat darker and more numerous.

Mittatur

Mittatur sanguis e brachio ad uncias sex;
Repetatur mistura cathartica.
Foveantur crura. Fever diet.

17th.

Says her heart was lighter after the bleeding; blood buffed; very little serum; petechiæ more faint; no effect from the opening mixture; pulse 106, fuller and stronger; tongue parched; much thirst; cough, præcordial oppression and pain of head and chest continue.

Repetatur mistura cathartica. Fever diet.

18th.

Three dejections morbid; urine of a pale colour; watchfulness; delirium; skin hot and dry; eyes suffused; face flushed and bloated; respiration frequent and laborious; pulse 116, irregular and compressible; cough troublesome; mucous expectoration.

Repetatur venæsectio. Fever diet.

19th.

Head and chest relieved by the bleeding; blood of a scarlet colour and in large proportion to the serum; pulse about 100, fuller and more regular; petechiæ scarcely perceptible; bowels constipated.

Repetatur mistura cathartica.

20th.

Slight hemoptysis last night; four dejections of a yellowish colour; urine turbid; countenance more natural; skin soft and cool; tongue moist;

cough

cough less troublesome; no head-ach; calls for food. Convalescent.

21st.

No return of hemoptysis; troublesome cough; mucous expectoration; bowels open; enjoyed some rest; better appetite.

Here is a case of pulmonic fever, caused by exposure to the influence of contagion: from the violence of the attack the head was much affected, and several of the symptoms of brain-fever made their appearance; these symptoms subsided as soon as the lungs were relieved. As the disease advanced, the violence of the cough, the difficulty of breathing, the hemoptysis, and the dark flush and swelling of the face pointed to the lungs as its true seat. While the fever was high, petechiæ made their appearance; when the vascular excitement was diminished, the petechiæ disappeared. On the sixth, eighth, ninth and eleventh days, this patient was blooded; after the first and second bleedings relief was obtained, but it was only temporary; after the third and fourth, the disease subsided.

On the morning of the 13th convalescence took place, unaccompanied by any critical evacuation.

April 11, 1812.

Eleanor Keegan, æt: 30—Strong and plethoric, has complained seven days of pain of forehead, loss of appetite, cough, difficulty of breathing, thirst and disturbed rest; has taken some laxative medicine;

medicine—the present symptoms are, head-ach, watchfulness, cough and laborious respiration; the pulse is 110, regular and of tolerable strength, the skin hot, constricted and sallow, tongue covered with a mucus of a yellowish white colour; the taste is vitiated, the mind confused, the bowels are constipated, and the urine is high-coloured.

Fiat venæsectio ad uncias octo

Habeat misturam catharticam. Fever diet.

13th.

Cough less troublesome, breathing more free, head-ach abated; blood slightly buffed, serum in small quantity and of a yellowish colour; disturbed rest; three dejections passed involuntarily; urine pale-coloured; pulse 100, irregular and depressed; some tendency to coma; complains of internal heat and soreness; of pain in the right side stretching towards the superior part of the sternum.

Repetatur mistura cathartica.

14th.

Two scanty dejections by the medicine; urine straw-coloured; low delirium; frequent sighing and moaning; tongue furred; thirst urgent; face bloated and of a livid appearance; pulse 98, stronger and more regular; cough very troublesome; expectoration gross and yellowish; breathing laborious.

Detrahantur iterum, venâ brachiali, sanguinis unciæ octo.

Foveantur crura. Fever diet.

15th.

Considerable ease followed the bleeding of yesterday; blood dense and of a scarlet hue; serum in very small quantity and of a pale white; countenance lurid; disturbed rest; skin soft and not so hot; pulse 90, weak and irregular; bowels constipated; cough less troublesome; expectoration more free; breathing not so hurried.

Repetatur mistura cathartica. Fever diet.

Injiciatur enema catharticum tertiis horis.

16th.

Bowels fully opened; fæces dark and yellowish; urine turbid; cough and breathing much relieved; skin soft and less sallow; countenance more natural; tongue moist and cleaner; pulse 80, soft and regular; some return of sleep and appetite. No critical evacuation.

Convalescent on the morning of the 12th.

In this instance the lungs were the organ primarily engaged; the pain of the head and the other feverish symptoms constituted the secondary affection. The appearance of the blood, and the relief procured by bleeding, by the low regimen and by the cathartics, proved the fever to be of an inflammatory nature.

November 7, 1811.

Maria Connor, æt: 45—Of a delicate frame and sanguine temperament, was attacked 13 days ago with feverish symptoms; she took physic and

crawled

crawled about her usual occupations until the sixth instant, when the fulness of the head, the weight and oppression of the chest, and the prostration of strength, became so great as to confine her to bed. Pulse 108, feeble; skin hot and dry; tongue covered with mucus, of a whitish yellow colour; bowels constipated; senses of taste and smell vitiated; face swoln and of a greasy appearance; petechiæ of a light purplish colour, upon the breast and shoulders; cough troublesome; breathing hurried.

Detrahantur venâ brachiali, sanguinis unciæ sex.

Habeat misturam catharticam.

8th.

Felt ease from the blood-letting; blood sizy and of a scarlet colour; crassamentum in large proportion to the serum; serum yellowish; four dejections dark and fetid; urine of a straw colour; pulse 112, rather stronger but irregular; petechiæ somewhat fainter; face still swoln and of a greasy, clammy appearance; complains of head-ach, general soreness, cough and oppression of the chest.

Detrahantur iterum venâ brachiali sanguinis unciæ sex.

Repetatur mistura cathartica.

9th.

Two ounces of blood only taken away; deliquium supervened; blood florid and tenacious; no serum;

medicine

medicine operated thrice; fæces of a clayey appearance; urine high-coloured; head-ach and præcordial oppression much relieved; petechiæ still fainter; pulse 90, regular and stronger; cough very troublesome; mucous expectoration; breathing less oppressed. Fever diet.

Repetatur mistura cathartica.

10th.

Had a good night's rest; skin soft and cool; breathing more easy; pulse 80, soft and regular; features more expressive of health; four dejections yellowish; urine reddish and cloudy; cough continues, accompanied by expectoration of a greenish viscid matter; calls for food. Convalescent.

The urgent cough, the hurried breathing, the oppression of the chest, the clammy, swoln appearance of the face, and the expectoration of a greenish viscid matter, by which this fever was distinguished, pointed to the lungs as its primary seat; all the other symptoms were secondary. The pulse that was feeble, frequent and irregular, became stronger, slower and regular, as soon as the lungs and head were relieved; this state of the pulse, therefore, would seem to have depended on nervous excitement, and on congestion and irregular action in the vessels of these organs.—It is remarkable that the petechiæ gradually disappeared with the head-ach, and the other symptoms that indicated great vascular action; they were

were removed by blood-letting and cathartics. It is also worthy of notice that the second bleeding procured more relief than the first, although but two ounces of blood were taken away, an effect to be ascribed to the faintishness induced, whereby, the condition and mode of acting of the circulating mass was wholly altered. This patient was blooded on the 14th and 15th days of her illness; on the 17th she was convalescent.

August 1, 1810.

Patrick Brenan, æt: 36—Nine days ago, after exposure to wet and cold, was seized with rigors and head-ach, nausea, cough and dyspnæa; and with fugitive pains throughout the back, chest and extremities. Pulse 110, feeble; skin dry, red and of a pungent heat; tongue covered with a mealy paste; bowels constipated; face darkly flushed; general feeling of distress and uneasiness; great prostration of strength.

Detrahantur venâ brachiali sanguinis unciæ sex.

Habeat misturam catharticam.

2d.

During the operation of blood-letting, a tendency to deliquium was induced; only four ounces of blood were drawn off, immediate relief followed; pulse 84, stronger; skin cool and moist; breathing easier; cough less troublesome and expectoration free; four copious dejections, partly darkish, partly greenish; urine turbid, depositing a sediment resembling

resembling the lees of porter; some return of sleep and appetite. Convalescent.

The benefit derived, in this instance, from the bleeding, was remarkable; the taking away of four ounces of blood, was sufficient to produce so much good; this was owing, in a great measure, to the faintishness induced. On the ninth day of this patient's fever he was blooded, on the 10th he was convalescent. In cases similar to the present, it is not to be supposed that the disorder proceeds so far as to cause any disorganisation of the organ chiefly engaged. If such an event take place, benefit so decided and permanent cannot be expected from the use of the lancet or of any other remedy; the consequences, at least, of such derangement must continue and induce one or more of the many evils that belong to very violent or mismanaged fever.

July 26, 1810.

Thomas Tyrrell, æt: 36—Twelve days ago was attacked with head-ach, pain of the back and loins, rigors, cough and laborious respiration. Pulse 110, and weak; skin hot and constricted; tongue covered with a milky paste; taste vitiated; breath hot, complains of pain in the right breast, stretching towards the sternum; breathing much oppressed; countenance lurid.

Detrahantur venâ brachiali sanguinis unciæ octo.

Habeat misturam catharticam. Fever diet.

27th.

27th.

Felt relief from the bleeding, and says that he is stronger; blood florid; crassamentum soft; serum of a straw-colour and in small quantity; four dejections blackish and yellowish; urine of a blood colour; pulse 108, soft and full; cough troublesome; pain of chest diminished; respiration oppressed; face of a greasy appearance and of a mahogany hue.

Detrahantur iterum venâ brachiali sanguinis unciæ octo.

Repetatur mistura cathartica.

28th.

Blood buffed; serum in very small quantity and of a pale colour; five dejections saffron-coloured and brownish; cough and breathing considerably relieved; skin soft and cool; pulse 76, soft and strong; countenance more natural; had some rest; calls for breakfast. Convalescent.

Repetatur mistura cathartica.

29th.

Medicine operated freely; urine turbid; good rest; better appetite; breathing easy; copious expectoration of viscid mucus.

Here, blood was taken away so late as on the 13th and 14th days of fever, and with manifest advantage; on the 15th the patient was convalescent.

In the first instance, the crassamentum was soft, florid and in large proportion to the serum; in the second,

second, it was buffed, and the quantity of serum was somewhat increased: after each bleeding, the pulse became softer and fuller, and the patient stronger.

August 10*th*, 1812.

Edward Boyers, æt: 16—Had laboured under the fever called typhous for a fortnight; recovered, and after a fortnight's convalescence was able to go abroad; he now complains of heaviness of the head and confusion of ideas, of cough, dyspnæa, general pains, and of great prostration of strength; pulse 100 and weak; tongue dry and of a brownish yellow; face darkly flushed, of a dirty clammy appearance; bowels constipated; urine colourless.

Detrahantur venâ brachiali sanguinis unciæ sex.

Habeat misturam catharticam.

11th.

Blood buffed and cupped; serum in small proportion to the crassamentum; head relieved; breathing less oppressed; pulse rather fuller; considers himself stronger; face not of so dark a hue; three dejections black and fetid; urine high-coloured; disturbed rest.

Detrahantur iterum venâ brachiali sanguinis unciæ sex.

Repetatur mistura cathartica.

12th.

Found his chest considerably relieved by the bleeding

bleeding of yesterday; crassamentum sizy and florid; serum in larger quantity; pulse 80, soft and of tolerable strength; no uneasiness in the head; copious mucous expectoration; five dejections slate-coloured; urine cloudy; countenance more expressive of health; skin cool and soft; slept six hours; calls for food. Convalescent.

Even here, in a case of relapse, after a tedious convalescence, blood-letting and purgatives afforded immediate and permanent relief.—Although the weakness of the pulse and the prostration of strength might seem to have contra-indicated the use of the lancet, yet the blood exhibited the inflammatory crust, and after each bleeding the strength of the patient was increased; this proves that the debility was apparent not real; that nature was oppressed not exhausted.

July 20, 1810.

Eliza Magennis, æt: 20—Of a melancholic temperament, has been six days ill of fever, which commenced with languor, slight chills, pain of the back and loins, cough and hurried breathing; the pulse is now 110, strong and regular, the tongue moist and yellowish, the taste bitterish, the skin hot, and the face has a dirty greasy appearance—her cough is troublesome; her breathing much oppressed; a sense of stricture is felt in the chest, and she complains of a weight and fulness of the head, of confusion of ideas, and of fugitive pains in the left breast;

bowels constipated; urine high-coloured; catamenia present.

Detrahantur statim venâ brachiali sanguinis unciæ sex.

Habeat misturam catharticam.

21st.

Says her heart was relieved by the bleeding; crassamentum of a scarlet colour, sizy and in large proportion to the serum; cough and breathing somewhat easier; complains of general pains in her limbs and back, and of pain in the left side; thirst urgent; tongue parched and of a reddish hue; four dejections; urine turbid; pulse 106, of good strength; countenance lurid; watchfulness; low delirium.

Detrahantur iterum venâ brachiali sanguinis unciæ sex.

Repetatur mistura cathartica.

22d.

Felt considerable relief from the bleeding; blood of a scarlet colour; crassamentum soft; serum in small quantity; tongue moist and of a reddish yellow; pulse 96 and full; skin soft and cool; one scanty dejection; urine deposits a whitish sediment; countenance more expressive of health; ideas more clear; enjoyed some rest.

Repetatur mistura cathartica.

Vespere injiciatur enema catharticum.

Fever diet.

23d.

Several dejections from the medicine; return of sleep

sleep and appetite; pulse 80 and soft; skin cool breathing free; slight cough. Convalescent.

The first bleeding, on the seventh day of this patient's fever, lowered its violence; by the second, on the eighth, it was subdued; the pulse, notwithstanding, continued more frequent than natural, and the system still laboured under some degree of nervous and vascular excitement; by the evacuation of the alimentary canal the excitement was diminished, and the pulse was reduced to its natural standard; the cough, the impeded respiratiou, the pain of side, and the livid and greasy appearance of the face, pointed to the lungs as the primary seat of fever; the derangement of the sensorial functions, the state of the pulse and skin, the thirst, foul tongue and prostration of strength were induced by the diseased actions and obstruction in the lungs, and the consequent congestion of blood in the vessels of the brain.

May 16, 1812.

Edward Kane, æt: 35—Of a sanguine temperament, complained nine days ago of weakness and chilliness, of loss of appetite, giddiness, general pains and of a sense of oppression in the chest; to these symptoms succeeded heat of skin, thirst, nausea, head-ach and præcordial anxiety—took an emetic. Pulse 110 and tense; eyes suffused; countenance lurid; breathing hurried; skin of a pungent heat: tongue furred and of a whitish yellow; taste vitiated; numerous petechiæ of a red colour, upon the shoulders

shoulders and arms; bowels constipated; urine light-coloured.

Mittatur sanguis e brachio ad uncias quatuor.

Habeat misturam catharticam. Fever diet.

17th.

Felt relief, for a short time, after the bleeding; blood sizy and florid; serum in small quantity and of a pale green colour; watchfulness; low delirium; face darkly flushed and of a greasy appearance; cough, præcordial oppression and dyspnæa; tongue saffron-coloured and furred; petechiæ more dark; skin of a pungent heat, dry and sallow; two dejections; urine of a straw colour; taste bitterish; pulse 106, of good strength.

Repetatur sanguinis detractio ad uncias sex.

Repetatur mistura cathartica.

18th.

The bleeding afforded temporary ease of all the urgent symptoms; blood slightly buffed; two dejections darkish and fetid; urine high-coloured; disturbed night; ideas confused; slight head-ach; eyes suffused; face swoln and flushed; much thirst; præcordial anxiety and debility; cough and difficulty of breathing continue. Pulse about 100, irregular and less tense; skin hot and dry; some fulness and uneasiness in the umbilical region.

Repetatur sanguinis detractio ad eandem quà antea quantitatem.

Repetatur mistura cathartica.

Injiciatur enema catharticum.

19th.

19th.

Perspiration followed the bleeding of yesterday, considerable relief was thus obtained; blood florid; crassamentum soft; serum greenish; less watchfulness; some rest; ideas less confused; face not so flushed; tongue covered with a brown crust, streaked with yellow in the centre, but moist at the edges; four dejections, greenish and morbid; urine turbid; pulse 96, soft and weak; petechiæ more faint; cough troublesome; respiration still hurried and laborious.

Repetatur mistura cathartica.

Habeat misturam mucilaginosam pro tussi.

20th.

By mistake, six ounces of wine were given to this patient in the course of yesterday. Three dejections from the opening medicine; urine high-coloured; disturbed night; return of delirium and head-ach; cough very troublesome; breathing more oppressed; skin constricted, reddish and of a swoln appearance; frequent sighing and moaning; tongue black and parched; teeth and gums covered with a dark crust; pulse 94, hard and irregular; petechiæ of a purplish colour appear upon the breast.

Mittatur sanguis e brachio ad uncias sex.

Repetatur mistura cathartica. Fever diet.

21st.

The bleeding procured relief; blood buffed; several dejections of a greenish colour passed involuntarily;

voluntarily; tongue parched and swollen; countenance lurid; stupor and deafness; respiration laborious; frequent sighing and moaning; a scarlet-coloured eruption appears upon the arms; a purplish one upon the breast and abdomen. Pulse 100, weak and irregular; skin not so hot; some uneasiness on pressing the right hypochondre.

Repetatur sanguinis detractio ad eandem quâ antea quantitatem. Fever diet.

Repetatur mistura cathartica.

Foveatur abdomen ter in die.

22d.

Countenance dark and lurid; eyes muddy; watchfulness; cough, hoarseness and dyspnæa; urgent symptoms abated during six hours by the bleeding; blood florid; crassamentum tenacious and in large proportion to the serum; pulse 94, regular and of tolerable strength; the red petechiæ upon the arms and the dark-coloured upon the body, scarcely perceptible; three dejections, yellowish; urine turbid; ideas confused; uneasiness on pressing the right hypochondre diminsihed.

Repetatur mistura cathartica.

Foveatur abdomen sextis horis.

23d.

Five copious dejections, greenish and brownish; urine deposits a milky sediment; some sleep; skin cool and soft; tongue moist; countenance more expressive of health; cough and dyspnæa relieved; expectoration of morbid mucus; pulse 80 and soft;

no

no head-ach but some degree of stupor; calls for food.

24th.

Sleep comatose; fæces and urine passed involuntarily; expectoration free; livid patches about the size of a sixpence upon the right leg; petechiæ have disappeared; pulse 80 and soft; skin cool; takes a little food.

Repetatur mistura cathartica.

25th.

Sound sleep; no coma; respiration free; five dejections saffron-coloured; urine turbid; tongue moist. Pulse 74, weak; mucus expectoration; breathing easy; takes broth. Convalescent.

June 1.

Yesterday and last night, he was affected with hoarseness and an unusually troublesome cough; within the last two hours the breathing has become laborious; the cough shrill, and a ringing noise is made on inspiration; countenance sad, anxious and darkly flushed; restlessness, rolls from side to side in the bed, and tosses about his arms; speaks indistinctly; on being questioned as to the seat of pain or distress, he directs his hand to the region of the trachea; pulse 110, small and feeble; skin hot and dry; tongue foul.

R. Pulveris Ipecacuanhæ semidrachmam,
Aquæ fontanæ unciam.
M. fiat haustus statim sumendus.

Mittatur sanguis e brachio ad uncias sex.

Admoveatur emplastrum cantharidis faucibus externis.

2d.

2d.

No effect from the emetic; felt immediate ease from the bleeding; blood slightly buffed; serum in small quantity and straw-coloured; skin dry, on pressure of a pungent heat; pulse 96, of tolerable strength but irregular; breathing not so laborious; the same shrill and ringing noise is made on coughing and on making an inspiration; complains of a feeling of distress and oppression in the chest; countenance dejected and flushed; bowels constipated; urine turbid; great restlessness.

Repetatur sanguinis detractio ad eandem quâ antea quantitatem.

Habeat misturam catharticam.

Admoveatur emplastrum cantharidis nuchæ.

3d.

Says he was able to breathe with ease and was free from oppression of chest after the bleeding of yesterday; blood sizy and florid; six dejections dark and fetid; urine deposits a lateritious sediment; cough not troublesome; expectoration of a brownish mucus; pulse 80, soft; return of sleep and appetite. Convalescent.

Here we have an instance of Cynanche trachealis, one of the most formidable of diseases, succeeding to a case of pulmonic fever—the attack was sudden; he had taken breakfast with appetite; an hour had scarcely elapsed, when he was threatened with suffocation—The complaint happily gave way

to

to bleeding, blistering and the operation of a cathartic. The suddenness of the attack, the agitation of mind and body, and the weakness and irregularity of the pulse by which it was accompanied, might have led to the idea that the complaint was spasmodic; had such an idea been acted on, the consequences must have been fatal; for, the buffed and sizy appearance of the blood, the cessation of pain and anxiety, and the restoration of strength which followed the employment of evacuants, proved that it was inflammatory. Such a disorder supervening on fever is not merely to be regarded as a curious and extraordinary occurrence; it affords this practical lesson, that inflammatory action may take place, although the system be debilitated, and that such debility cannot justly be urged as an argument against the use of sedatives and evacuants. At the onset, the seat of this fever was somewhat obscure, but the cough, the difficult respiration, the lurid countenance and the sense of oppression in the chest pointed subsequently to the lungs as the organ primarily concerned: these continued to be the prominent symptoms throughout the course of the disease; at the same time, it must be concluded, from the head-ach and confusion of ideas, the tendency to coma, the involuntary dejections, the soreness and uneasiness in the right hypochondre, and the morbid appearance of the fæces, that there was some affection of the head

and biliary organ; but this affection was secondary, the consequence of congestion, sympathy, and of generally increased vascular action, for, as soon as the remedies administered for the relief of the lungs produced their full effect, the head and biliary organ were restored to the due exercise of their wonted functions. Mixed cases of this kind are not infrequent; they often perplex and embarrass the practitioner, and are always attended with a considerable degree of danger; but, however complicated or alarming the symptoms may be, the nature of the disease remains unchanged, and our remedies must be proportioned to its violence and extent.

This patient was blooded on the 10th, 11th, 12th and 14th days of fever, and each day for a week a cathartic was administered; by these means some painful or uneasy sensation was daily relieved or removed, and this too, though petechiæ were present, though there was great prostration of strength, though the pulse was frequent and intermitting, and though the fæces and urine were passed involuntarily; a satisfactory proof that the symptoms commonly considered as indicative of debility and putrescency, are the result of vascular excitement.

On the 13th day wine was given to this patient by mistake, the consequence was restlessness, low delirium and head-ach; the cough was rendered more troublesome, the breathing more laborious, and the pulse more frequent; such effects flowing from

from the use of wine, lead to the conclusion, that it cannot always be administered with safety even after the operation of blood-letting.

June 18, 1812.

John Rorke, æt: 22—Of a sanguine temperament, three weeks ago, after exposure to wet and cold, complained of slight cough and head-ach, and of some diminution of appetite; he pursued his daily labours for a fortnight afterwards, when he was attacked with chilliness and weakness, nausea, dyspnæa and sense of oppression in the chest; these symptoms have become daily aggravated. Pulse 110, of good strength; skin red, dry and of a pungent heat; tongue covered with a brownish yellow crust; eyes muddy; countenance livid and dejected; head-ach and restlessness; cough troublesome; sense of weight and oppression in the chest; bowels constipated; urine high-coloured; petechiæ of a brown colour appear upon the abdomen.

Detrahantur venâ brachiali, sanguinis unciæ octo.

Habeat misturam catharticam. Fever diet.

19th.

Temporary relief afforded by the bleeding; blood slightly buffed; serum in small quantity, of a greenish colour; breathing still oppressed; cough very troublesome; great anxiety and restlessness; face darkly flushed; low muttering delirium; thirst urgent; petechiæ rather more faint; pulse 106, tense

tense and regular; three dejections, morbid; urine straw-coloured.

Repetatur sanguinis detractio ad eandem quâ antea quantitatem.

Repetatur mistura cathartica.

20th.

Considerable relief followed the bleeding of yesterday; blood sizy and florid; serum in larger quantity, of the same greenish hue; breathing tolerably easy; pulse 94, softer and more natural; skin moist but hot; face still flushed; complains of weight of head and throbbing of the temples; great restlessness; four dejections, more natural; urine cloudy.

Detrahantur arteriâ temporali sanguinis unciæ sex.

21st.

The opening of the temporal artery procured instantaneous ease; gentle perspiration followed; no uneasiness of the head; no oppression of the chest; free expectoration of a morbid mucus; pulse 76, soft; skin cool; no appearance of petechiæ; bowels open; urine natural; enjoyed some rest; calls for breakfast. Convalescent.

This was a case of pulmonic fever, combined with congestion and an irregular action of the vessels of the head. The primary seat of disease seemed to be the mucous membrane of the bronchiæ; from the speedy relief obtained by blood-letting and cathartics we cannot suppose that there was any lesion of structure in the substance of the lungs; the

the sense of oppression in the chest, the difficult respiration and the livid dejected countenance, therefore, we may justly refer to inflammation of this membrane, and the consequent diminution of the quantity of vital air usually received into the lungs. The affection of the head is worthy of notice; the disturbance of this organ would appear, in the first instance, to have been the consequence of simple congestion, which, from long continuance, and the constant operation of the cause by which it was produced, brought on an irritated and irregular action in its vessels. This morbid action was quickly removed by local blood-letting; the happy effects of which I now frequently witness in mixed cases of this nature in the Fever-hospital, Cork-street.

This patient was blooded generally on the 22d and 23d days of his illness; locally, on the 24th. I found him convalescent on the morning of the 25th.

June 16, 1812.

Michael Reilly, æt : 50—Complained of chilliness and weakness, of nausea, head-ach, cough, sense of oppression in the chest and pain of the back; these symptoms became aggravated; about the tenth day of his illness, he was admitted into the hospital, Cork-street.—His pulse was frequent, weak, irregular and intermitting; his tongue and teeth were covered with a blackish crust streaked with yellow; his eyes were muddy and languid in their motions;

motions; his countenance was grim and dark; his skin damp, sallow and lightly marbled; fæces and urine were passed involuntarily; his breathing was hurried and laborious; his deglutition difficult, and his cough troublesome; his speech was indistinct and there was low muttering delirium. Blisters were applied upon the chest, and cathartics, alkalis and antimonials were administered. He died three days after admission.

As this patient was not placed under my care the history is imperfect; I saw him twice.—The body was examined 12 hours after his decease.

DISSECTION—The veins of the dura and pia mater were turgid; the brain was sound, but distension and fulness were observable throughout its whole volume; there was congestion in the vessels of the plexus choroides. In the thorax there were several recent adhesions between the pleura costalis and pulmonalis of the right side; the lobes of the right lung appeared to have become one confused mass, and resembled a sponge filled with grumous blood; three patches, each about the size of a dollar, irregular in shape and of some degree of firmness, were found upon the surface of this mass; these patches were apparently formed of coagulable lymph. Six ounces of a watery fluid, tinged with blood, were found in the right cavity; the lobes of the left lung were sound; the heart was sound; the liver, stomach and kidneys were sound; the spleen was enlarged; three patches of an inflammatory

flammatory appearance, each about the size of a halfpenny, were observed upon the lower part of the ilium; the bladder was considerably distended with urine; the muscles were florid and healthy.

We are here presented with a case of pulmonic fever in all its violence: several of the symptoms enumerated led to the opinion that there was some dangerous and deep-seated affection of the chest; this opinion was fully confirmed by dissection, when the recent adhesions between the pleura costalis and pulmonalis, the turgescence and cohesion of the lobes of the right lung, the patches found upon their surface, and the effusion into the cavity, distinctly marked a high degree of inflammatory action in the vessels of the substance and membrane of this organ; the vessels of the brain or its coverings exhibited no marks of inflammation; they were found unusually distended, an effect to be ascribed to the difficult transmission of the blood through the lung, and its consequent accumulation in the head; we may hence conclude that the stupor, the low muttering delirium, the indistinctness of speech, the slow-moving and muddy eye, and the involuntary dejections, were secondary symptoms, the consequence of congestion and irritated action in the vessels of the brain.

June 12, 1812.

William Callaghan, æt: 13—Laboured under a slight febrile affection for a week—advice was called

called for. His pulse was frequent, his skin hot, his tongue foul, his breathing hurried; he complained of præcordial oppression, of head-ach, cough, and a sense of weight in the chest; he was thirsty, restless and watchful.—Opening and saline medicines were ordered; the symptoms abated for a time, but recurred with increased violence. He was sent to the hospital, labouring under head-ach, stupor, cough, hurried breathing and præcordial oppression: pulse about 110, regular and somewhat tense; skin hot, constricted and sallow; tongue blackish; countenance dejected; bowels constipated; urine high-coloured; great restlessness; low delirium.—Blisters, antimonials, Ipecacuanha, cathartics and diluents afforded relief; there was a temporary suspension of the urgent symptoms, and hopes began to be entertained of a speedy convalescence. These hopes were vain: a general convulsion unexpectedly came on. Death closed the scene.

Dissection—There was slight serous effusion under the pia mater, and the veins of this membrane were somewhat turgid; the brain was of natural colour and consistence; the plexus choroides appeared unusually vascular and florid; a small portion of a watery fluid was found under the cerebellum.—In the thorax, there were numerous recent adhesions between the pleura costalis and pulmonalis on both sides; small patches of coagulable lymph were observed lying upon the substance

of

both lungs; imbedded in one of the right lobes was found a calcareous-like substance about the size of a pea; two ounces of serous fluid tinged with blood were found in each cavity; the lungs were dark and gorged with blood; the liver was of natural colour, size and consistence; the gall-bladder was distended with bile; the spleen was enlarged, soft and filled with a morbid matter of a mulberry colour; the stomach was sound, it contained a large quantity of a tasteless fluid, resembling the grounds of coffee; before death a fluid of a like nature was vomited, and after death the same was observed to flow from the mouth.

The immediate cause of death in this and similar instances, it is difficult, if not impossible, precisely to ascertain; various organs were found affected, the lungs, the brain, the spleen; and, to the disorder which existed in any one of these, had it been found singly disordered, the fatal event might, perhaps, have been attributed; or even to the stomach, though sound, from the quantity of morbid fluid discovered in its cavity. But here, as in most other dissections which I have witnessed, it has almost uniformly happened that the affections observable in different organs have differed considerably in their nature or degrees, and when death takes place under such circumstances, it may be justly ascribed to the affection of that organ which is most deranged or disorganised. In the cases now quoted neither the brain, the spleen, the stomach, nor the intestines were in a state per-

fectly natural; but as the affection of these viscera was far less considerable than that of the lungs, we have reason to conclude that this was the organ primarily diseased. and that to its disorganisation the death of the patients is to be imputed. In cases of this nature where an important viscus is considerably deranged in its actions or altered in its structure, the vascular system at large becomes preternaturally excited—the inflammatory action usually begins in the extreme arteries of a single organ; sometimes it attacks two or more, especially within the Tropics; this action variously modified is communicated to the remainder of the arterial system, to the veins, the exhalants, the absorbents and the secretories; and thus every function of life becomes variously disturbed, and thus it not infrequently happens, that organs remotely and secondarily engaged, have become so deranged in their actions as to occasion death, even where the affection of the organ primarily diseased had yielded to the remedies employed.

No organ of the body seems to suffer so remarkably, in this secondary way, as the brain.

Cases of this kind are ever complex and dangerous, and equally demand the acumen and the decision of the physician.

To the inflammatory action already mentioned we may trace the usual symptoms of fever; to the consequences of such action, and to that wonderful sympathy and connection that subsist throughout the

the frame, may be ascribed many of those symptoms which have been considered as anomalous.—Hence the pain, the soreness, the sense of weight, fulness or uneasiness so generally referred to some particular viscus. Hence, the secondary symptoms, the frequent pulse, the hot skin, the thirst, the foul tongue, the præcordial anxiety and the prostration of strength: hence the lurid countenance, the spasms, the tremors and the subsultus tendinum: hence the involantary dejections, the varied condition of animal heat, the hurried and laborious respiration, and the morbid appearance of the secretions—And hence, the congestion, extravasation or adhesion; the suppuration or mortification so commonly observable after death.

Such is the source of that long, varied and painful train of symptoms which constitute fever, and of that derangement and disorganisation now noticed.

In respect to the cases just stated I have already remarked, that as the symptoms of diseased action were most conspicuous in the lungs before death, and as this organ appeared on dissection to have been the only one in which there was any alteration of structure, we have reason to conclude that it was the primary and principal seat of the disorder, and that the affection of the brain, the spleen, &c. was but secondary, the consequence of sympathy, congestion and of irritated actions in these viscera. In the treatment of fever, considerations which

regard

regard the mutual relations and reciprocal actions of the organs of life, must always be followed by the happiest results. We are thus taught to take comprehensive views of the operations of nature, and to direct our attention, not solely to the particular organ primarily concerned, but to every other which may partake of its disordered actions; or which may be closely connected with it through the medium of nerves, blood-vessels or membranes.

In the treatment of Brain-fever, for example, the lungs, the heart, the stomach, the liver and the spleen, demand our consideration as well as the brain. In Pulmonic-fever, the head and the heart, and often the liver and the stomach participate in the disordered actions of the lungs; and they too, claim our attention in the administration of our remedies. In the Gastric, our means are not merely to be employed for the relief of the stomach, but of the brain, the intestines, and the membranes and viscera immediately contiguous.

In the Hepatic, the brain and the lungs present themselves to our notice; but here, perhaps, a greater share of attention is due to the state of the stomach, the intestines, the spleen and the pancreas, because the liver is supplied with a considerable portion of blood by these organs: in this variety of fever, therefore, independent of the general and local remedies already mentioned, decided benefit may be derived from the repeated exhibition of brisk cathartics, which not only lower the tone

and

and activity of the vessels of the liver, but likewise diminish the quantity of blood sent to this organ from the chylopoietic viscera.

November, 1811.

A Gentleman, æt: 42—Of a sanguine temperament and of sedentary habits, after exposure to wet and cold, and to the influence of contagious fever, was seized with rigors and head-ach, with cough, pains in the back, loins and extremities, and with great prostration of strength. Pulse 86, strong and regular; skin dry and sallow, when pressed, communicating a caustic heat; tongue furred and of a reddish yellow; complains of a nauseous and bitterish taste on his mouth; countenance flushed and expressive of great bodily distress; bowels constipated; urine high-coloured; the arms, breast and abdomen are covered with petechiæ, small in size and of a light-red colour. This is the sixth day of his illness.

R. Infusi sennæ uncias sex,
Electuarii scammonii drachmas duas,
Tincturæ jalapæ unciam. M.
Sumantur cochlearia tria secundis horis ad plenam alvi solutionem.

7th.

Three dejections; fæces darkish; urine of a mahogany colour; restless night; low delirium; complains of head-ach, sense of oppression in the chest and of general soreness and uneasiness; cough troublesome;

troublesome; mucous expectoration; pulse 104, compressible and somewhat irregular; skin and tongue as yesterday; eyes muddy; countenance dejected; petechiæ increased in size, darker and more numerous.

R. Extracti colocynthidis compositi scrupulum,
Submuriatis hydrargyri sublimati grana decem,
Olei carui guttas tres.

Muc. gum. arab. q: s: ut fiant pilulæ novem æquales. Sumantur tres tertiis horis donec plene soluta fuerit alvus.

R. Subcarbonatis sodæ drachmam,
Succi limonis q: s:
Aquæ cinnamomi uncias quinque,
Syrupi aurantii drachmas quatuor. M.

et divide in haustus sex. Sumatur unus quartis horis.

Half a pint of red wine ordered in consultation.

8th.

Pills operated fully; fæces yellowish; urine of a deep red; low delirium; restlessness; countenance darkly flushed and grim; skin not so hot; tongue covered with a blackish crust, streaked with yellow; complains of head-ach, precordial oppression, and of a sense of weight and fulness in the left breast; petechiæ much as yesterday; pulse 124, sunk and feeble.

Repetatur mistura salina.

Vespere injiciatur enema catharticum.

Applicetur emplastrum cantharidis inter scapulas.

The quantity of wine to be increased to a pint.

9th.

9th.

Watchfulness, anxiety, low muttering delirium; pulse 106, tense and regular; breathing hurried and laborious; cough urgent; skin constricted and sallow; countenance lurid, grim and of a clammy appearance; bowels confined and slightly tympanitic; urine pale and passed in large quantity; complains of head-ach, oppression of the chest, and of general pains and soreness; petechiæ of a purplish colour.

R. Pulveris antimonialis grana duodecim
Conservæ rosæ q: s: ut fiant pilulæ sex.
Sumatur una tertiis horis superbibendo unum haustuum sequentium.

R. Misturæ camphoratæ uncias sex,
Liquoris ætherei oleosi drachmas duas,
Syrupi croci drachmas quatuor. M.
et divide in haustus sex æquales.

A pint of madeira recommended to be taken in any manner most agreeable.

10th.

Head more confused; passed a restless night; face flushed and of a greasy appearance; cough urgent; mucous expectoration; breathing laborious; pulse 120, feeble and intermitting; skin hot, soft and clammy; tongue, teeth and gums covered with a black crust; calls for cold drinks, and complains of pain and a sense of weight in the head, and of great distress and labouring in the heart; petechiæ much as yesterday; bowels confined and tympanitic.

Admoveatur

Admoveatur emplastrum cantharidis pectori.

Repetantur pilulæ catharticæ. Post alvum bene solutam, sumantur, misturæ sequentis, cochlearia duo tertiis horis.

R. Sub-carbonatis sodæ drachmas duas,
Succi limonis quantitatem sufficientem
Aquæ menthæ uncias sex.
Vini antimonii tartarisati drachmam,
Syrupi caryophilli rubri drachmas sex. M.

11th.

Full effect from the aperient; fæces darkish; urine passed in small quantity and turbid; delirium and watchfulness; countenance lurid, dark and expressive of bodily pain and distress; eyes muddy; breathing hurried; cough troublesome; slight hemoptysis; pulse 128, weak but regular; petechiæ rather darker and more diffused.

Repetantur pilulæ catharticæ et mistura salina.

Foveantur pedes et crura, decocto chamæmeli composito.

A pint and half of claret to be substituted for the madeira.

12th.

Pulse 130, full and hard; expectoration purulent and tinged with blood; breathing hurried; face darkly flushed and of a greasy appearance; eyes muddy and vacant; restlessness, low muttering delirium; three dejections, blackish; urine cloudy; had a chilly fit yesterday evening, followed by heat of skin and a clammy perspiration upon the chest, neck and face.

R. Mucilaginis

R. Mucilaginis gummi arabici uncias sex,
Tincturæ scillæ drachmas duas,
Syrupi tolutani unciam. M.

Sumatur cochleare tussi sæviente vel expectoratione laborante.

Vespere injiciatur enema catharticum.

Half a pint of claret only, to be taken during the ensuing 24 hours.

13th.

Expectoration of purulent matter tinged with blood continues; watchfulness and delirium; petechiæ more faint; pulse 140, feeble and irregular; skin cool and clammy; features collapsed; respiration laborious and frequent; bowels open; fæces morbid; urine darkish; tongue, teeth and gums covered with a black crust; deglutition difficult; occasional dysuria.

A pint of hock to be given.

R. Camphoræ scrupulum
Pulveris antimonialis grana viginti quinque,
Conservæ rosæ q: s: ut fiant boli sex.
Sumatur unus tertiis horis.

14th.

Expectoration free, but still purulent and tinged with blood; breathing quick and laborious; pulse 130, somewhat tense; restlessness, low muttering delirium; countenance lurid and grim; eyes muddy; vision impaired; extreme debility; fæces and urine passed involuntarily; deglutition more difficult.

Admoveantur emplastra cantharidis tibiis internis.

Repetantur boli. Injiciatur enema catharticum.

Died on the 14th night of his illness.

In this instance there was a combination of the Pulmonic and Brain-fever, a dangerous form of disease, and one frequently met with in this kingdom. From the prostration of strength, the petechiæ, the head-ach, and the state of the pulse and tongue, it was considered in its first stage, as the putrid-fever, or as the typhus gravior of Cullen. The pectoral symptoms subsequently set in, when it was denominated Pneumonia Typhodes, which is regarded by practitioners to be a most embarrassing modification of fever, because the remedies supposed necessary for the cure of the fever, as wine, bark, alkalis, antimonials, camphor, &c. are regarded as injurious in the affection of the chest; while, the blood-letting and sedatives requisite to relieve the chest are held to be destructive in fever. Such are the difficulties in which the physician is involved, in respect to the treatment of this complaint, by the doctrine that now prevails concerning its nature; but these difficulties are removed by the simple view herein taken of fever, which necessarily excludes the use of wine and stimulants in all its species and varieties, on the ground, that in every case, inflammatory action exists in one or more of the viscera or parts of the body.

In

In the present case the pulmonic symptoms, at the onset, were obscure; as the disease advanced the cough became more troublesome, the countenance more lurid, and the breathing more laborious; these symptoms were overlooked, and the stimulating plan of treatment was persisted in; such is the effect of the dread of debility and putrescency, which seem to occupy the mind of the practitioner, to the exclusion of every other idea in the treatment of fever. Shortly afterwards the appearance of hemoptysis and of purulent expectoration roused the consulting physician and directed his attention to the state of the chest; a blister was now applied between the shoulders, the quantity of wine was diminished, wine of a milder quality was substituted, and some alteration was made in the Recipe of the day; all which could avail but little towards the relief of symptoms so urgent and so long neglected. In such a case at such a moment, the probability is that the most active means would have failed, for the lungs were disorganised; the brain was much disturbed and life nearly extinguished. Such is the result of the stimulating plan of treatment in violent pulmonic-fever.

Death in this and similar cases commonly proceeds from the formation or rupture of an abscess, or from effusion or extravasation of blood or lymph into the bronchiæ, the cellular substance of the lungs, or the cavity of the thorax. If the attack be not violent and if the constitution be sound, the patient

may

may be equal to struggle against both the disease and the remedy, but the convalescence is generally tedious, and though the prospect may be concealed from the view of the patient, when disclosed, it exhibits a scene truly melancholy—diseased actions are excited in the lungs, tubercles may be formed, and thus a foundation is often laid for pulmonary consumption—this is a common effect of pulmonic-fever, and may suffice to shew that it is an object of the first magnitude, to discover the organ or organs primarily concerned, not only with a view to cure existing fever, but to obviate its fatal, though remote consequences.

On the death of a fellow-creature, whether caused by fever or any other malady, the practitioner may observe—I have made trial of the most approved remedies, they have failed; would any other have saved the life of my patient?—And the man who thinks and who feels will be thus led to a train of reflections that will give rise to a modification or a change of the practice; an improvement of the science may be expected to follow, and this, in its turn, must necessarily be followed by a preservation of life and a diminution of suffering. Now, as in the instance just mentioned, the use of stimulants rather aggravated than relieved the disease, and as we have already witnessed the happy effects that have followed the use of sedatives and evacuants in cases

altogether

altogether similar, is it not reasonable to infer, that the chance of recovery would have been greater if the latter plan of treatment had been adopted?

August 16, 1812.

John Noonan, æt: 26—Robust and of a sanguine temperament, after a day of hard labour was seized with chilliness, general pains, cough and heaviness of head; these symptoms became aggravated and confined him to bed; on the eighth day of his illness he was admitted into the House of Recovery, Cork-street. Pulse 96, of tolerable strength; skin hot and dry; face darkly flushed; troublesome cough; no expectoration; dyspnæa; tongue foul, of a brownish yellow; bowels confined; urine high-coloured—complains mostly of a sense of oppression in his chest, of head-ach, especially after a fit of coughing; of great debility and of pains throughout his extremities.

Mittatur sanguis e brachio ad uncias octo.

Habeat misturam catharticam. Fever diet.

17th.

Says he felt great ease from the blood-letting; blood of a scarlet colour; crassamentum sizy; serum in small quantity and greenish; three dejections, morbid; urine high-coloured; cough still troublesome; mucous expectoration; breathing less oppressed; disturbed night; face flushed and of a lurid hue; pulse 110, irregular; skin hot and dry; complains

complains mostly of præcordial oppression, of headach and of the cough.

Repetatur sanguinis detractio ad eandem quâ antea quantitatem.

Repetatur mistura cathartica.

18th.

Says he was pretty well for 20 minutes after yesterday's bleeding, when the usual painful symptoms returned; blood highly buffed; low delirium; watchfulness; pulse 108, full and regular; skin very hot; tongue foul; taste vitiated; two dejections, dark and fetid; urine straw-coloured; pulse 100, strong and regular; complains of pain of the head and chest, and of præcordial oppression; petechiæ rather more faint.

Repetatur sanguinis detractio.

Repetatur mistura cathartica.

19th.

Says he felt considerable relief from the bleeding; blood slightly buffed; pulse 80, soft; skin moist and cool; urine turbid; three dejections yellowish; no appearance of petechiæ; does not complain of pain, but of general soreness and weakness; calls for food, enjoyed some hours rest. Convalescent.

20th.

No pain in the head or chest; no præcordial oppression; cough not troublesome; pulse and skin nearly natural; took breakfast.

On the 26th he had a chilly fit and a return of cough, dyspnœa, pain of head and præcordial oppression.

27th.

27th.

Restless night; features pale and contracted; low delirium; pulse 110, feeble and irregular; respiration laborious; cough troublesome; urine high-coloured; bowels constipated.

Mittatur sanguis e brachio ad uncias octo.

Habeat misturam catharticam.

28th.

Blood did not flow freely; three ounces only were taken away; disturbed night; head and chest more affected than yesterday.

Repetatur sanguinis detractio ad eandem quâ antea quantitatem.

Repetatur mistura cathartica.

Applicetur emplastrum cantharidis inter scapulas.

29th.

The veins were so sunk that blood could not be drawn; no effect from the blister; watchfulness; delirium; breathing more laborious; pulse 110, full and irregular; two dejections; urine of a pale colour.

Repetatur sanguinis detractio.

Applicetur iterum emplastrum cantharidis inter scapulas.

30th.

No sleep from the violence of the cough; countenance lurid; features pale and contracted; face occasionally darkly flushed; pulse 96, tense and irregular; breathing hurried; great anxiety and præcordial oppression—no effect from the blister; about one ounce of blood only was taken away; bowels opened by the mixture.

Repetatur

Repetatur sanguinis detractio.

Foveatur pectus tertiis horis decocto chamæmeli composito.

31st.

After the fomentation the skin became warm and perspiration followed, thus temporary relief was obtained—the veins were so sunk that no blood was drawn off; no expectoration; head and chest more affected; pulse 120, feeble and intermitting.

Foveatur pectus ut heri.

Habeat misturam scilliticam.

Detrahantur arteriâ temporali sanguinis unciæ decem.

September 1.

The opening of the temporal artery and the use of the fomentation afforded temporary relief; but still the breathing continues anxious and laborious, and the cough very troublesome; no expectoration; eyes suffused; face livid; countenance grim; watchfulness and delirium.

Mittatur sanguis e brachio ad uncias duodecim.

Applicetur emplastrum cantharidis inter scapulas.

Foveatur pectus.

2d.

About two ounces of blood were taken from the arm; no discharge from the blister; features pale and collapsed; delirium more violent; great restlessness and anxiety; breathing very laborious; skin cool and constricted; bowels opened by an enema; urine pale and passed in large quantity;

pulse

pulse 106, irregular and intermitting; extremities cold.

Admoveatur emplastrum cantharidis pectori.

Foveantur crura.

Injiciatur enema catharticum.

3d.

Delirium ferox; involuntary dejections of a greenish fluid; refused his usual drinks; died last night violently convulsed.—After death the skin became yellow.

Dissection.—The veins of the dura and pia mater were extremely turgid; the whole substance of the brain was full of red blood-vessels; the plexus choroides was loaded with blood.—In the thorax there were recent adhesions between the pleura costalis and pulmonalis of both sides; the lungs were gorged with blood; black gangrenous points appeared upon the lobes of the right lung; an abscess containing about two table spoonsfull of a greenish purulent-like matter, was found in one of the lobes of the left. In the liver and spleen the vessels were preternaturally enlarged, and bore marks of a high degree of excitement.

In this instance, the symptoms clearly indicated diseased action in the lungs; after death they were found inflamed, gangrenous and disorganised.—As there was no effusion in the ventricles, nor marks of inflammatory action in the brain, we must ascribe the head-ach, the delirium and the other painful sensations in this organ, to the turgescence of its

veins

veins and to the marks of increased vascular excitement observed on dissection. The same turgescence and the same marks of vascular excitement were also discovered in the spleen and liver. On the eighth day of this patient's illness he was admitted into the Fever-hospital, Cork-street; he was blooded on the eighth, ninth and 10th, and was convalescent on the 11th; such were the good effects of blood-letting; the blood exhibited marks of inflammatory action; he returned from the House of Recovery to the Fever-wing, having relapsed after a week's convalescence; and even then, it is clear, from the appearances just stated, that no remedy could have saved his life but blood-letting; unfortunately, from the sunk state of the veins blood could not be taken away; this, I believe, is rather a singular circumstance.—Relief was obtained by opening the temporal artery, and by the fomentation of the chest; from the employment of the latter remedy, I have lately witnessed decided good effects, in cases of Pulmonic-fever.

This species of fever which I have named Pulmonic, appears from the writings of respectable authors, to be by no means uncommon, although their views concerning its nature are different from those under which it is now ocnsidered.

Doctor Lind, in his account of the fever which prevailed at Cadiz in 1764, after observing that various viscera were found ulcerated or gangrenous, says, "that the lungs were of a putrid colour and texture."* In

* Diseases of warm climates, page 125.

In a patient who died of the yellow fever in Virginia, Doctor Mitchel says, "the lungs, instead of being collapsed, were inflated as in inspiration; they were all full of black or livid spots; on these spots were to be seen small vesicles or blisters, like those of an erysipelas or gangrene, containing a yellow humour."

Doctor Jackson in his account of dissections of fever patients in St. Domingo, observes, "that the lungs were occasionly found irregularly spotted, and the back parts particularly were black with stagnated blood.* Again, he says, "The lungs, in many instances of subjects who die of fever in the acute stage, appear to be suffocated or oppressed, resembling a sponge filled with black grumous blood; they appear also in some cases to be irregularly inflamed, and not in a few to be spotted in the back parts, the blood stagnating from position.†"

Doctor Donald Monro, speaking of Petechial fever, says, "that this fever occasions in general, more or less redness, (I do not know that we can properly call it true acute inflammation) of the membranes; and the febrile matter is apt to fall on particular parts, and there to create abscesses; particularly in the brain, the lungs and the glandular organs.‡

What is here regarded by Doctor Monro and other writers, as the effect of febrile action, I consider

* Outline of the history and cure of fever, page 209.

† ——— page 300.

‡ Treatise on Military Hospitals, vol. 1, page 237.

sider as the cause of such action: different viscera are found on dissection in a state of inflammation, suppuration or gangrene; now as fever proceeds from inflammation of the brain, we have reason to conclude from analogy, that it likewise proceeds from inflammation of other organs, and this opinion is confirmed by the fact, that in some cases, the lungs, in others the liver, the stomach, &c. are severally found inflamed or changed in structure after death; and, from my own experience, I may venture to assert, that in the great majority of such cases, pain and other marks of inflammatory action have existed from the first of the attack.

Doctor Eisfield, in his account of an acute Typhus, as it prevailed in Leipsic in 1799, remarks, "The lungs were often found destroyed, inflamed, ulcerated, gangrenous, covered with much exsuded lymph."

Of the dissections of those who died of a contagious fever at Plenee Jugon in Normandy, Doctor Moucet says, "the right lung was flabby and livid; the left a little more livid, purulent and much gorged with blood; purulent effusion into the left cavity of the thorax."*

In the yellow fever which raged in Spain in 1800, professors Ameller, Sabater and Ramos, found black gangrenous spots occasionally upon the lungs.†

Mr. Hooper, in his account of the sick landed from Corunna, gives some very interesting cases and dissections. In the case of John Reilly who died

* Vandermonde xi.

† Berthe, Precis de la maladie d'Andalousie.

died of the fever called Typhus, the lungs generally adhered to the parietes of the chest, and were slightly attached to the diaphragm—And in the case of Serjeant Eyles, who likewise died of Typhus, the lungs adhered to the posterior part of the chest, and in the anterior part of the superior lobe of the right lung there was an abscess, containing about one ounce and a half of bloody pus.*

Mr. Thomas Clark, in his general remarks on the diseases of India, observes, "On dissection the lungs appeared of an uncommon bright-red colour, and of much larger dimensions than usual; when compressed, a sensation was communicated to the hand, as if they contained a good deal of air: on cutting into them, the bronchiæ appeared every where filled with mucus of a whitish colour, intimately intermixed with air, and when pressed out, it resembled yeast in a state of fermentation. The substance of the lungs also shewed evident marks of a preternatural accumulation of blood, and the brain appeared much distended."† At page 186 of the same work, he says, "On dissection, both of the lungs, but particularly the left, appeared much enlarged, and in many places of a deep livid colour; and when examined by the hands their specific gravity seemed much increased; a considerable quantity of a serous fluid existed in both cavities of the thorax, but most in the left."

HEPATIC

* Edinburgh Med. and Surg. journal for October, 1809.

† Observations on the Nature and Cure of fever, &c. &c. page 142.

HEPATIC FEVER.

The following cases of fever are generally denominated the bilious or yellow, by some, typhus icterodes; here they are styled hepatic, because the liver was the organ primarily diseased.—This fever, like most others, usually begins with chills or rigors, with languor and listlessness, with stupor or a sense of weight or heaviness of head, with lowness of spirits and prostration of strength; there is nausea or vomiting, there is loss of appetite and a sense of fulness, weight or distress in both hypochondres, sometimes accompanied by fugitive pains—the taste is vitiated, bitterish, nauseous or sourish, and often compared to that of vinegar in a state of putrefaction, or, of rotten fish or eggs; and is frequently said to proceed from the stomach; the tongue is foul, almost ever in the centre of a yellow or saffron colour; the bowels are usually constipated; sometimes they are affected with tormina and tenesmus, accompanied by fetid discharges of a dark, yellowish or greenish appearance. These discharges are often likened to the yolks of eggs, to chopped spinage, to grass, or to the grounds of chocolate; in some instances they are accompanied by hemorrhage, in others the matter thus passed off, resembles tar or the grounds of coffee; the urine varies in quantity, it is commonly high-coloured, often cloudy, depositing a gelatinous mucous or lateritious sediment; the pulse is unequal

in

in strength and frequency, and the respiration is hurried, laborious or anxious; there is commonly great sensibility and heat of skin; the eye is muddy and mostly tinged with yellow; the face is generally suffused with a dark red hue, streaked with yellow; there is rather a confusion of ideas than delirium, and more frequently a sense of weight or fulness than pain of the head; a sense of pain, of burning heat or soreness is usually complained of in one or both hypochondres, or in the epigastric region; this sensation, in some cases, is felt at the commencement of the attack, in others, not till four or five days have elapsed; sometimes a fulness or weight only is felt; again, no uneasy sensation whatever is complained of, when, by the quick application of the hand upon these parts, the patient is roused, as it were from a lethargy, and shrieks with pain.—This is a circumstance worthy of note, as it may teach the practitioner not to trust altogether to the account of the sick, but to proceed to a minute and rigid examination: a sense of stricture is sometimes complained of about the lower part of the æsophagus; hiccup is not an infrequent symptom, præcordial oppression is a very common one. I have remarked that in this variety of fever, an hemorrhage not unusually takes place, perhaps, from the bowels, more probably from the liver; the blood is sometimes florid, but generally black and grumous; as far as my experience goes it is not of an alarming nature, perhaps, it may be reckoned

rather

rather salutary, here, astringents prove injurious, cathartics are our best remedies.—This hemorrhage I have observed to cease on their full and free administration, and on the appearance of fecal matter; it has recurred on the use of astringents or on the omission of cathartics, and has again disappeared as soon as the bowels have been completely evacuated.

July 22, 1810.

Ann James, æt: 24—Has been four days ill of fever; the first symptoms were, head-ach, pain of back and loins, languor, loss of appetite, nausea and a sense of weight and soreness in both hypochondres.—Pulse 96, rather weak; skin hot and sore to the touch; tongue covered with a cream-coloured mucus, streaked with yellow in the centre; breathing hurried; slight cough; face flushed; bowels constipated; urine high-coloured.

Detrahantur venâ brachiali sanguinis unciæ octo.

Habeat misturam catharticam, ad plenam alvi solutionem.

Foveatur abdomen tertiis horis. Fever diet.

23d.

Relieved by the bleeding; blood slightly buffed; serum of a yellowish colour; skin hot and sallow; four dejections black and yellowish; urine of a deep red; pulse 110, somewhat stronger; respiration frequent and laborious; complains of weight of the head, confusion of ideas, and of pain on any

degree

degree of pressure of either hypochondre—says she felt ease from the fomentation of the abdomen.

Repetantur sanguinis detractio, mistura cathartica et fotus abdominis.

24th.

Skin and tunica conjunctiva of the eye lightly tinged with yellow; the blood-letting, the fomentation and the cathartic afforded relief; blood more buffed; serum of a deeper yellow; five dejections greenish; urine turbid; pulse 110, tense and irregular; breathing laborious; the pain in the right hypochondre is increased by a deep inspiration; low-spiritedness; frequent sighing.

Repetantur mistura cathartica et fotus.

25th.

Complains of head-ach, præcordial oppression, and of pain and soreness in both hypochondres; taste bitterish and nauseous; cough troublesome; breathing hurried; pulse 116, hard and intermitting; skin moist; three dejections, darkish; urine scanty, depositing a jelly-like matter; watchfulness.

Mittatur sanguis e brachio ad uncias decem.

Repetatur mistura cathartica.

Foveatur abdomen tertiis horis.

26th.

The urgent symptoms abated immediately after the bleeding of yesterday; they were, in a great measure, removed by the full operation of the cathartic. Pulse about 80, soft; skin moist and of a more natural colour; urine turbid; enjoyed some rest; no pain in either head or side.

Repetatur mistura cathartica.

27th.

Six dejections; fæces yellowish; urine deposits a lateritious sediment; tongue moist and clean; complexion clearer; pulse about 80; no pain nor uneasiness; return of rest and appetite. Convalescent.

This was a case of hepatic-fever caught by exposure to contagion: at the onset, the feverish symptoms were supposed to constitute the typhus of Cullen—the colour of the skin and of the tunica conjunctiva of the eye, the appearance of the tongue, fæces and urine, the soreness, uneasiness and pains in both hypochondres, and the dejection of mind, were indicative of diseased action in the liver.—That this action was inflammatory I infer from the manifest relief obtained by each blood-letting, from the appearance of the blood, and from the beneficial effects that flowed from the cathartics, the fomentation and the sedative regimen—the symptoms styled feverish, the frequent pulse, the hot skin, the thirst, foul tongue, prostration of strength, &c. were but secondary, and disappeared on the removal of the pain, and the other uneasy sensations in the liver. As the affection of the head depended on that of the liver, as soon as the latter organ was relieved the disease of the former ceased; the repeated fomentation of the abdomen bore a considerable share in the cure of this patient, by determining to the surface, and by facilitating the operation of the remedies employed. About three weeks afterwards this poor girl was again exposed

exposed to the influence of contagion and relapsed; the same practice was again observed and she again recovered. It is curious and deserving of remark that of 12 other patients who were exposed to the same contagion as she was, and were brought from the same dwelling, some were attacked with brain-fever, some with the pulmonic, and others with the hepatic and enteritic.

July 24, 1810.

Ann Thomas, æt: 26—Plethoric and irritable, a few days after exposure to the operation of contagion, was seized with chilliness and weakness, sickness and oppression, occasional vertigo and head-ach, and a sense of weight and soreness throughout both hypochondres and in the umbilical region. Pulse 110, weak and irregular; tongue foul and streaked with yellow; skin hot, dry and sallow; taste bitterish; senses of smell and hearing somewhat blunted; bowels constipated; urine of a mahogany colour.

Mittatur sanguis e brachio ad uncias octo.

Habeat misturam catharticam.

Foveatur abdomen tertiis horis, decocto chamæmeli composito. Fever diet.

25th.

Little relief from the blood-letting; considerable ease followed the operation of the cathartic and the use of the fomentation; pulse 120, stronger and more regular; respiration hurried; skin hot, dry and

and sallow; complains of pain and a sense of weight in the forehead and eye-balls; face flushed and of a yellowish hue; pain in the right hypochondre stretching towards the back; slight hiccup.

Repetatur sanguinis detractio ad eandem quâ antea quantitatem.

Detrahantur hypochondrio dextro sanguinis unciæ octo, ope cucurbitularum cruentarum.

Perstet in usu fotus abdominis.

Repetatur mistura cathartica.

26th.

The bleeding of yesterday, both local and general, afforded much relief; six dejections greenish; urine of a blood red; tongue loaded of a whitish yellow; taste nauseous and sourish; pain in the right hypochondre and in the head diminished; pulse about 100, regular and of good strength; complexion sallow; feels a soreness and, at times, a pain under the false ribs of the right side, especially on coughing or on making a deep inspiration.

Detrahantur iterum hypochondrio dextro sanguinis unciæ octo.

Perstet in usu fotus abdominis.

Repetatur mistura cathartica.

27th.

Says she felt great ease from the blood-letting, the fomentation and the operation of the cathartic; six dejections, partly greenish, partly yellowish; urine turbid; restlessness and anxiety; pulse 106, small and intermitting; skin cool; tongue very foul,

foul, of a whitish yellow; eye muddy and tinged with yellow; still complains of pain and uneasiness in the right hypochondre, and in the head and eye-balls; occasional hiccup.

Mittatur sanguis e brachio ad uncias octo.

Detrahantur hypochondrio dextro sanguinis unciæ octo.

Repetatur mistura cathartica.

Injiciatur enema purgans sextis horis.

28th.

Is better in every particular; blood buffed; serum in small quantity and yellowish; six dejections of a tar-like appearance; urine of a mahogany colour; skin moist and cool; tongue somewhat cleaner; says she is free from pain of head and side; pulse 90, soft but irregular; respiration free.

Repetatur mistura cathartica.

Perstet in usu fotus abdominis,

Injiciatur enema catharticum octavis horis.

29th.

Ten copious discharges by the cathartic, of a reddish and brownish appearance; urine deposits a lateritious sediment; skin cool; pulse 76, soft and regular; the senses of taste, smell and hearing are restored; return of sleep and appetite. Convalescent.

In the instance now quoted, more benefit was, perhaps, derived from the local than from the general blood-letting; the repeated employment of the cathartics and the fomentation, contributed essentially to the cure—the variation of the pulse was remarkable;

remarkable; after the full evacuation of the biliary ducts, and the discharge of fecal matter of a natural appearance it became soft and regular. At the beginning of this attack, head-ach and debility, nausea and loss of appetite, frequent pulse, heat of skin, were its most prominent features; and, according to the nosology of the day, this fever would have been denominated typhous or nervous; but about the seventh day the real seat of disease was developed; pain and uneasiness were then felt under the false ribs of the right side, stretching towards the back, accompanied by hiccup, cough, and hurried and laborious respiration; the face had become flushed and streaked with yellow; the skin, the tongue and the tunica conjunctiva of the eye had become yellowish, and the fæces and urine extremely morbid—these symptoms, coupled with the pain and heaviness of the eye-balls, and with the relief that followed the full and free evacuation of the biliary ducts, manifestly pointed to the liver as the organ primarily diseased.

August 23, 1812.

Nurse Conolly, æt: 32—Strong, of a melancholic temperament, has been ill three days of fever, taken in consequence of her attendance on the sick of the Fever-hospital. The first symptoms were chilliness, head-ach, nausea, loss of appetite and pains throughout the back and loins. Pulse 100, weak;

skin

skin hot, dry and unusually sensible; tongue cream-coloured, yellowish in the centre; taste bitterish; bowels constipated; urine reddish; frequent sighing.

Mittatur sanguis e brachio ad uncias octo.

Habeat misturam catharticam.

24th.

Head-ach and general pains were relieved for some hours by the bleeding; blood sizy; crassamentum crimson-coloured; serum in small quantity and of a pea green; four dejections, blackish and fetid; urine of a deep red; watchfulness and low delirium; nausea and occasional vomiting of a bitter greenish fluid; some tendency to hiccup; pulse 112, rather stronger than yesterday; respiration hurried; complains of general uneasiness, and of a sense of soreness and weight in the right hypochondre, on the pressing of which she screeched from pain.

Detrahantur iterum venâ brachiali sanguinis unciæ octo.

Repetatur mistura cathartica.

Foveatur abdomen tertiis horis.

25th.

Six dejections dark and fetid; urine turbid; found considerable relief from the blood-letting, the fomentation and the operation of the cathartic; pulse 100, soft but irregular; skin hot, moist and yellowish; tongue foul, of a whitish yellow; a sense of soreness in both hypochondres, which, on pressure, amounts to pain; slight cough; respiration somewhat hurried; complexion of a mahogany hue.

Applicentur

Applicentur cucurbitulæ cruentæ hypochondrio dextro et detrahantur sanguinis unciæ octo.

Repetatur mistura cathartica.

Foveatur abdomen quartis horis.

26th.

Says the heat and soreness in the right hypochondre were eased by the local blood-letting of yesterday; six dejections greenish and yellowish; urine deposits a gelatinous sediment of a brownish colour; skin cool and not so yellow; tongue moist and cleaner; pulse 80, soft and regular; slept six hours and fell into a general perspiration after the bleeding; calls for food. Convalescent.

Repetatur mistura cathartica.

Perstet in usu fotus abdominis.

27th.

Four dejections yellowish; urine turbid, deposits a lateritious sediment; complexion more natural; tongue clean; eye bright; had a good night; calls for breakfast.

Here is a case of hepatic-fever produced by contagion: during the first four days of her illness the symptoms were somewhat equivocal; on the fifth, the colour of the skin and eye, the appearance of the countenance, and the uneasiness and soreness in both the hypochondres, indicated diseased action in the biliary organ; on the sixth, the soreness and uneasiness increased, and on any pressure of the right hypochondre she shrieked from pain—These

symptoms,

symptoms, and the appearance of the blood, fæces and urine, the hiccup, the weight in the eye-balls, and the immediate relief that followed the employment of local blood-letting, cathartics and the fomentation, lead to the conclusion that the liver was the seat of disease: as soon as the inflammation of this viscus was removed, the head-ach, pain of back, præcordial oppression, and the other symptoms called feverish, ceased.

In hepatic-fever, the blood is mostly of a yellowish hue; here the crassamentum was sizy and crimson-coloured, but streaked with yellow; from this and similar cases it would appear that the earlier blood-letting is performed, the greater is the probability of a speedy cure, and the less of seeing the blood buffed; it would also appear that evacuants, by removing fever, add to the strength; after two general bleedings and two local ones, and after the full operation of three cathartics, this patient, who could scarcely move in her bed from soreness, uneasiness and debility, was able to get up and walk about her chamber.

August 25, 1810.

Michael Keogh, æt: 22—Of a robust habit and phlegmatic temperament, five days ago was seized with rigors, head-ach, nausea and vomiting: took physic; ascribes his complaint to sleeping in a bed in which a patient had died of contagious fever: at present, the urgent symptoms are head-ach, thirst, bitter taste, præcordial oppression, and general

pains throughout the back and lower extremities; pulse 106, of tolerable strength; skin hot, dry and sallow; eye muddy; bowels constipated; urine high-coloured; face darkly flushed and streaked with yellow; slight cough; epistaxis this morning; petechiæ of a dark colour upon the breast.

Mittatur sanguis e brachio ad uncias octo.

Habeat misturam catharticam. Fever diet.

26th.

Head-ach, præcordial oppression and general pains, relieved for some hours by the bleeding; blood slightly buffed and of a yellowish hue; serum in small quantity and yellowish; four dejections blackish and reddish; urine turbid; disturbed night; complains of universal soreness, and of a sense of weight and oppression about the chest and heart; pulse 110, irregular, but of good strength; respiration rather hurried; cough; slight hemoptysis last night; skin and eye of a yellowish hue; petechiæ much as yesterday.

Repetatur sanguinis detractio.

Repetatur mistura cathartica.

27th.

Says his heart was lighter by the bleeding; blood of a crimson colour, tinged with yellow; five dejections fetid and blackish, in consistence and appearance likened to treacle; urine turbid and deposits a brownish gelatinous sediment; skin and eye of a yellowish hue; taste bitterish and nauseous; pulse 108, irregular and rather feeble; skin cool;

tongue

tongue whitish, loaded in the centre with yellow sordes; respiration somewhat hurried and anxious; complains only of slight head-ach, and of general soreness and uneasiness, yet on examination of the right hypochondre he cried out with pain, and this pain is excited by a deep inspiration; petechiæ more faint.

Detrahantur hypochondrio dextro, ope cucurbitularum cruentarum, sanguinis unciæ octo,

Foveatur abdomen tertiis horis.

Repetatur mistura cathartica.

28th.

Was considerably relieved by the remedies of yesterday; four dejections blackish and yellowish; urine deposits a lateritious sediment; pulse 96, soft and regular; respiration more free; pain is still felt on pressing the right hypochondre; on making a deep inspiration, or on coughing; complexion sallow; confusion of ideas; restlessness; soreness of the flesh; petechiæ still more faint.

Detrahantur iterum sanguinis unciæ octo, hypochondrio dextro, ope cucurbitularum cruentarum.

Repetatur mistura cathartica.

Repetatur fotus abdominis.

29th.

Six dejections, compared to the yolks of eggs; urine turbid; skin and tunica conjunctiva of the eye of a lighter yellow; pulse 80, soft and regular; tongue cleaner; enjoyed some hours rest; taste less vitiated; no longer complains of pain in the

right

right hypochondre on pressure, coughing, or on making a deep inspiration; calls for food. Convalescent.

This is a case of hepatic fever, of a mixed nature and somewhat obscurely marked: at the onset, it was difficult to give a name or assign a seat to this attack; during the first five days, the head and lungs seemed to be the organs primarily concerned; the symptoms were, slight head-ach, præcordial oppression, difficult respiration, hemoptysis, hot skin, frequent pulse, wandering pains, and a feeling of general uneasiness and distress; shortly afterwards a new train of symptoms arose, which indicated deranged action in the biliary organ; the skin and the tunica conjunctiva of the eye became yellowish, the taste bitterish and nauseous, and the fæces and urine extremely morbid; and what is remarkable, during the whole course of the attack, neither pain nor soreness was complained of in the region of the liver; yet, on pressing the right hypochondre with the hand, on coughing, or on making a sudden deep inspiration, he screeched with pain—Such is the obscurity in which hepatic fever is, at times, involved, and such the necessity of a strict examination: to the relief of this organ, as the seat and source of the symptoms enumerated, the practical efforts were now directed; and by the subsequent employment of local blood-letting and of fomentations, and by the daily use of cathartics, the cough, dyspnœa, hemoptysis, head-ach, &c. ceased, and

the

the brain and lungs again resumed the due performance of their usual functions. From the yellowness of the skin, the presence of petechiæ, and of the symptoms usually styled feverish, this fever would be denominated by some, typhus icterodes, or jaundice supervening on or combined with typhus; but these symptoms were only secondary, the consequence of inflammatory action in the liver. The yellowness of the skin was owing to the absorption of bile, the presence of petechiæ to increased vascular excitement; both disappeared on the reduction of vascular excitement, and on the liver being restored to its healthful actions.

July 26, 1810.

Denis Condran, æt: 24, an Artisan—Of a melancholic temperament, and of sedentary habits, four days ago complained of languor, lassitude and loss of appetite, of vertigo, head-ach and weakness, and of pains in the lower extremities, followed by fugitive pains in both hypochondres, by cough, dyspnæa, and by a sense of stricture and oppression towards the lower part of the sternum, especially after swallowing any thing solid. Pulse 106, full and regular; tongue foul; skin and eye of a yellowish hue; bowels constipated; urine of an olive colour; countenance lurid.

Detrahantur venâ brachiali sanguinis unciæ octo

Habeat misturam catharticam ad plenam alvi solutionem.

Foveatur

Foveatur hypochondrium dextrum decocto chamæmeli composito tertiis horis.

27th.

Head-ach and general pains relieved by the bleeding; crassamentum sizy and streaked with yellow; serum in small quantity and greenish; four dejections of a mahogany colour; urine scanty and like to the lees of porter; cough troublesome; breathing much oppressed and anxious; a sense of soreness is felt about the lower part of the æsophagus on swallowing either liquids or solids; pulse 96, of good strength but irregular; frequent hiccup; skin and eye somewhat more yellow than yesterday; complains of head-ach, and of pain in the region of the great lobe of the liver stretching towards the back; this pain is augmented by pressure, by making a deep or quick inspiration, or by coughing; slight epistax is yesterday evening followed by temporary relief of the head-ach.

Mittatur sanguis e brachio ad uncias octo,

Detrahantur hypochondrio dextro, ope cucurbitularum cruentarum, sanguinis unciæ octo.

Repetatur mistura cathartica.

Foveatur abdomen tertiis horis.

28th.

Found considerable ease from the local and general blood-letting of yesterday; the crassamentum of the blood taken from the arm is crimson-coloured and tenacious; the serum is yellowish; six dejections of a brick-colour, extremely hot and acrid; urine

urine turbid; tongue foul, yellowish in the centre; skin and tunica conjunctiva of the eye still tinged with yellow; pain in the right hypochondre much diminished; breathing more free; deglutition less difficult; pulse 90, soft and regular; skin cool; complains of a nauseous bitter taste, of præcordial oppression and of a soreness of the flesh.

Detrahantur iterum hypochondrio dextro sanguinis unciæ octo.

Repetatur mistura cathartica.

Injiciatur enema commune sextis horis.

29th.

Eight dejections greenish and yellowish; urine scanty and deposits a lateritious sediment; skin moist; no longer complains of pain of side or of difficulty of breathing; pulse 76, soft; enjoyed some rest; calls for food. Convalescent.

Repetatur mistura cathartica.

30th.

Six dejections, yellowish; skin and eye of a more natural colour; tongue clean; no pain; a feeling of weakness and general soreness; takes light food.

Repetatur mistura cathartica.

This attack was ushered in by many of the symptoms classed under the head of typhous, nervous or brain-fever, to which succeeded pains in both the hypochondres, especially in the right, accompanied by a yellowishness of the skin, and of the tunica conjunctiva of the eye, and by a morbid state of the fæces and urine; next came on, cough,

hurried

hurried respiration, and a sense of stricture and oppression about the lower part of the æsophagus, particularly after swallowing any food, liquid or solid: these symptoms excited alarm, and, on a superficial view of the case, led to the supposition, that the lungs were the organ primarily concerned; that these symptoms, however, were but secondary, the effect of inflammatory action in the vessels of the liver, I conclude, because they supervened on the pain previously complained of in the right hypochondre, and because they abated and ceased on its diminution and removal, and because this pain was augmented by coughing, or by making a deep or sudden inspiration—The affection of the head and the bleeding from the nose, may be ascribed, in part, to the irregular actions of the sanguiferous system, and in part, to the hurried and laborious respiration, hence, increased action, congestion and rupture of the vessels of the brain.

There are some other circumstances in this case deserving of remark; the pain of side was more acute, and the skin and eye were less yellow than is usually observed in hepatic fever; hiccup often occurred; deglutition was difficult, attended by a sense of stricture and oppression in the lower part of the sternum, and the breathing was more than ordinarily frequent and anxious. These symptoms seem to me to be only referable to the part of the liver particularly concerned; here it was the convex side, every inspiration consequently augmented the pain,

hence,

hence, the anxious, frequent and laborious respiration; to the same cause we may likewise impute the oppression, the painful deglutition, and the frequent hiccup; the diaphragm and œsophagus, as well as the lungs, from contiguity and sympathy, partook of the diseased action of the liver; and the more than ordinary acuteness of the pain, we shall not hesitate to attribute to the presence of inflammation in the membranous or more sentient part of this organ.

August 10, 1811.

John Gorman, æt: 34—Of a robust frame, and much addicted to the use of spirituous liquors, was attacked on the fifth instant with rigors, pain of head, and vomiting of a greenish bitter fluid; he complains of great uneasiness and soreness in both hypochondres, and in the umbilical region, of frequent retching, of pain of the head, eye-balls, back and loins. Pulse 112, full and irregular; tongue foul; taste brassy and nauseous; bowels constipated; urine of a mulberry colour; skin and eye of a yellowish hue; countenance dejected and of a greasy appearance; petechiæ of a purplish colour upon the chest and abdomen.

Mittatur sanguis e brachio ad uncias decem.

Habeat misturam catharticam, ad plenam alvi solutionem.

Foveatur abdomen quartis horis decocto chamæmeli composito.

11th.

Six dejections of a tar-like appearance; urine cloudy and brownish; says he was relieved, for a time, of head-ach and general uneasiness by the bleeding; crassamentum slightly buffed and streaked with yellow; serum in small quantity, gelatinous and of an olive green; pain on pressing either hypochondre; respiration anxious; pulse 108, weak but more regular; frequent sighing and moaning; eye and skin have the jaundiced appearance; tongue very foul, yellowish in the centre; low delirium; disturbed rest; frequent vomiting of a blackish fluid, like to the grounds of coffee; petechiæ much as yesterday.

Repetatur sanguinis detractio ad eandem quâ heri quantitatem.

Repetatur mistura cathartica.

Detrahantur hypochondrio dextro, ope cucurbitarum cruentarum, sanguinis unciæ octo.

Perstet in usu fotus abdominis.

12th.

By placing the patient in somewhat of an erect posture, during the operation of blood-letting from the arm, a tendency to deliquium animi was induced; the relief thus obtained was immediate and of several hours duration; but the pain in both hypochondres and in the head, returned in the course of the night; crassamentum of a scarlet colour and streaked with yellow; serum gelatinous and yellowish; was relieved by the local blood-letting, by the

operation

operation of the cathartic and by the fomentation; several dejections, which, in part, resemble the grounds of coffee, and in part the yolks of eggs; urine cloudy and deposits a lateritious sediment; pulse about 100, softer and more regular; respiration more free; slight cough; no expectoration; complains of soreness and pain in both the hypochondres, augmented by pressure; petechiæ fainter.

Repetatur sanguinis detractio ex hypochondrio dextro et e brachio.

Perstet in usu misturæ catharticæ et fotus abdominis.

Injiciatur enema purgans sextis horis. Fever diet.

13th.

Considerable benefit was derived from the remedies of yesterday; blood as last described; fæces yellowish; urine turbid; pulse 90, soft, regular and full; respiration almost natural; countenance less dejected; skin and eye not of so deep a yellow; a sense of tenderness and soreness only is now complained of in the region of the liver; no appearance of petechiæ.

Repetatur mistura cathartica.

14th.

Two scanty dejections; took some broth yesterday; return of pain in the head and left hypochondre; disturbed night; general uneasiness; pulse about 80, irregular and rather hard.

Detrahatur sanguis e regione epigastricâ ad uncias sex.

Perstet

Perstet in usu misturæ catharticæ donec alvus ter quaterve plenè responderit.

Repetatur fotus abdominis.

15th.

Eight dejections yellowish and greenish; urine cloudy; skin moist; pulse soft and regular; says he found ease from the fomentation and the local bleeding, and that after the full operation of the cathartic, he no longer felt uneasiness, soreness or pain; some return of sleep and appetite.

Repetatur mistura cathartica.

From the painful and irritable state of the stomach, from the jaundiced colour of the skin and eye, the purplish petechiæ and the black vomit, this would have been denominated a case of yellow fever, which, in truth, was nothing more than the hepatic in all its violence, for the seat of disease was the same as in the instances just quoted, the characteristic symptoms were the same, and they yielded to the same remedies. The diaphragm and stomach seemed to participate in a great degree, in the inflammatory action of the liver, hence the frequent hiccup and vomiting, and the anxiety and soreness in the epigastric region; the black vomit was but an accidental symptom and may be ascribed to the presence of morbid bile in the stomach, to a morbid secretion of its glands, or to a rupture of its blood-vessels. Here, the good effects of blood-letting were obvious and decided; but the congestion and diseased actions of the abdominal

dominal viscera were of too obstinate and violent a nature to yield to general blood-letting alone; it was likewise necessary to apply the cupping instrument and a blister in the region of the liver, to foment the abdomen and to administer repeated doses of the most active cathartics; by these means the alimentary canal was emptied of its contents, and the surcharged vessels of the liver, spleen and pancreas were unloaded and restored to the performance of their healthful actions; indeed, the quantity of opening medicines necessary to exhibit in some of these cases is truly surprising: from a want of their full and early administration, obstruction, inflammation and mortification of one or more of the abdominal viscera not unfrequently happen, and the patient is lost. The varying state of the pulse in this case deserves attention; when the pain and uneasiness in both hypochondres, and in the epigastric region were most urgent, the pulse was feeble and irregular; when the bowels were emptied and the vessels of the liver, stomach, &c. relieved, the pulse became regular, softer and fuller; on a return of distress and pain in the abdominal viscera, the pulse again became weak and unequal, and it again resumed its wonted regularity and softness after the full operation of the cathartic.

August 8, 1812.

James English, æt: 24—Of a choleric temperament, has been ill seven days of fever, caught by exposure

exposure to the influence of contagion—present symptoms are, fugitive pains in both hypochondres and in the epigastric region, augmented by pressure; frequent irregular pulse; hot, dry and yellowish skin; muddy eye; respiration short and panting; tongue parched and of a brownish yellow; head-ach, restlessness and præcordial oppression; fæces dark, apparently streaked with blood.

Mittatur sanguis e brachio ad uncias octo.

Habeat misturam catharticam.

Foveatur abdomen.

9th.

Frequent sighing; respiration frequent and panting; pulse 110, irregular, but of tolerable strength; watchfulness; low delirium; a miliary eruption of a whitish colour appears upon the neck and breast; skin rough, dry, hot and sallow; tunica conjunctiva of the eye of a yellowish hue; urine high-coloured and cloudy; two scanty dejections; black grumous blood, to the amount of four ounces, has passed off from the bowels; frequent desire to vomit; still complains of head-ach and fugitive pains in both hypochondres; calls for cold water to allay his thirst and cool the internal heat and burning; says that he was relieved for some hours by the bleeding; crassamentum dense, florid and streaked with yellow; serum in small quantity, of an olive colour.

Mittatur sanguis iterum e brachio ad uncias octo.

Habeat misturam catharticam ad plenam alvi solutionem.

Injiciatur

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Injiciatur enema catharticum sextis horis.

Foveatur abdomen tertiis horis.

Admoveantur cucurbitulæ cruentæ hypochondrio dextro et detrahantur sanguinis unciæ sex.

10th.

Temporary ease was procured by the general blood-letting; blood slightly buffed and streaked with yellow; the local blood-letting and the fomentation afforded relief; slight hemorrhage from the bowels before the operation of the opening medicine; six dejections partly black and knotted, partly yellowish; urine high-coloured and turbid; skin hot and yellowish; miliary eruption not so prominent as yesterday; præcordial oppression; breathing not so laborious as yesterday; pulse 116, regular and rather strong; countenance not so dejected.

Repetatur sanguinis detractio, et localis et generalis.

Perstet in usu fotus abdominis.

Repetatur mistura cathartica.

11th.

Ten dejections snuff-coloured; urine deposits a lateritious sediment; blood florid; serum in small quantity and tinged with green; miliary eruption has disappeared; breathing not oppressed; countenance more natural; skin moist and cool; no pain in the head nor in either hypochondre; tongue moist, of a yellowish brown in the centre but clean at the edges; no thirst; wishes for food.

Repetatur mistura cathartica.

12th.

12th.

Six dejections dark and brownish; urine deposits a lateritious sediment; slept several hours; free from pain; says he is very weak; calls for food. Convalescent.

The most remarkable, though, perhaps, the least important circumstance in this case, was the occurrence of the miliary eruption; it was first noticed on the ninth day; at this period the fever was at its height, the respiration was short and panting, and the bowels and biliary organ were highly excited.—Was the eruption owing to these causes, or to some peculiarity in the action of the cuticular vessels, or to the absorption of acrid bile acting on such vessels? Whether it is to be ascribed to any, to all of these causes combined, or to some other hidden cause, I pretend not to determine; but it was here regarded only as a symptom innocent and accidental, and consequently it did not, in any wise, influence the mode of treatment—After two general and two local blood-lettings, after the complete evacuation of the biliary and pancreatic ducts, and of the alimentary canal, the miliary eruption disappeared.

Much about the time at which the eruption made its appearance, an hemorrhage occurred from the bowels or the liver; or, perhaps, from both; this may be ascribed to congestion, or, increased action and rupture of the blood-vessels of these organs, but whether of one or of both is a question of little moment, in a practical point of view, because cathar-

tics,

tics, in every such case, are the most useful remedies—on their full employment and free operation in the present instance, the hemorrhage ceased.

July, 1812.

John Gorman, æt: 45—A weaver, of a sanguineo-melancholic temperament, after exposure to the influence of contagion, was attacked with chilliness, weakness, nausea and head-ach. These symptoms becoming aggravated, confined him to his bed; he has taken an opening medicine. This is the eighth day of his illness. Pulse 104, of tolerable strength but somewhat irregular; respiration hurried; slight cough; bowels constipated, tenesmus; pain and difficulty in making water; tongue of a dirty white, streaked with yellow in the centre; taste compared to that of rotten eggs; complexion sallow; eye dull and muddy; complains mostly of head-ach and of a sense of weight and oppression in both hypochondres; petechiæ of a red colour upon the neck and shoulders.

Mittatur sanguis e brachio ad uncias octo.

Applicentur cucurbitulæ cruentæ hypochondrio dextro et detrahantur sanguinis unciæ sex.

Foveatur abdomen sextis horis, decocto chamæmeli composito.

Habeat misturam catharticam. Fever diet.

9th.

The blood-letting from the arm and the right hypochondre procured temporary relief: crassa-

 mentum

mentum dense, crimson-coloured and lightly tinged with yellow; serum in small quantity and greenish; four dejections blackish; urine purplish and passed with more ease; pulse 100, tense but regular; cough troublesome; respiration hurried; still complains of head-ach and of a sense of weight and uneasiness in the right side under the false ribs, and on pressure, of pain.

Repetantur omnia ut heri.

10th.

Restlessness; low delirium; says he was lighter after the bleeding; blood buffed and cupped; skin hot and dry; six dejections, partly of a tar-like appearance and partly yellowish; urine scanty and of a mahogany colour; pulse 100, softer and more regular; respiration laborious; countenance grim; face darkly flushed; eyes sad and muddy; complains of a feeling of universal soreness and distress; petechiæ are scarcely visible.

Detrahantur hypochondrio dextro sanguinis unciæ octo.

Repetatur mistura cathartica.

Foveatur abdomen tertiis horis.

11th.

Seven dejections, of a snuff colour; urine turbid; little relief from the local blood-letting; restlessness; low delirium; pulse 119, hard and irregular; respiration frequent and laborious; countenance grim and despondent; eyes sad, and sunk

in

in their sockets; skin feels cool when touched lightly, but, when pressed on, communicates a sense of pungent heat; complains of head-ach, of general soreness and oppression, and, at times, of weakness; tongue of a brownish yellow; no appearance of petechiæ.

Mittatur sanguis e brachio ad uncias octo.

Repetatur mistura cathartica.

Perstet in usu fotus abdominis,

Injiciatur enema catharticum sextis horis.

12th.

Was relieved for some hours by the blood-letting; blood partly buffed and partly crimson-coloured; serum in small quantity and yellowish; eight dejections of a dark brown; urine turbid and deposits a gelatinous matter; pulse 120, tense and intermitting; respiration laborious; face of a mahogany hue; aspect lurid; watchfulness; tossing of the bed-clothes; occasional delirium; skin cool; tongue loaded and parched; swallows with difficulty; says that he is weak but not in pain; cannot bear pressure upon either hypochoudre.

Habeat vini rubri uncias sex.

Repetatur mistura cathartica.

Repetatur fotus abdominis.

12th.

Had a shivering fit last night of a quarter of an hour's continuance, faintishness followed; next supervened a clammy perspiration upon the face, chest and abdomen; was perfectly collected and called for wine and water; dozed three hours; pulse, at the

hour

hour of visiting was 130, tense and intermitting; respiration anxious and frequent; the features were collapsed; the extremities cold; deglutition was difficult; the dejections were involuntary. Died at four, P.M.

DISSECTION—The veins of the dura and pia mater were found much enlarged; the brain was sound. In the thorax, there were small recent adhesions between the pleura costalis and pulmonalis of the left side; the lobes of the left lung were turgid; the blood-vessels of the heart were distended, and a somewhat larger quantity of fluid than natural was found in the pericardium; both lobes of the liver, (especially the right) were gorged with black grumous blood, and both were considerably enlarged; in the inferior part of the right, near the gall-bladder, was found an abscess containing about two ounces of a reddish yellow matter of a purulent consistence; large patches of coagulable lymph were found upon the convex sides of each lobe and between both and the diaphragm there were large recent adhesions; the gall-bladder contained a black adhesive matter.

Here is a case of Hepatic-fever, accompanied by many of the symptoms of the Typhus gravior of Cullen, or such as are commonly denominated putrid—The petechiæ disappeared after the second bleeding, an effect I daily witness from the use of the lancet, which clearly proves that this symptom proceeds from vascular excitement—The blood-letting

and

and cathartics employed, were equal to palliate, but not to remove the disease; that they were the only remedies from which a cure could be expected, would appear from the relief that followed their use, from the state of the blood and the fæces, and from the appearances observed on dissection: but a question here arises, and one of great importance; had bleeding been more fully employed, would it have saved the life of my patient? The solution of a question of this nature must turn on the extent and degree of the affection at the time when relief is applied for; this is a very desirable piece of knowledge, but difficult, I fear, to be acquired, because in all such instances, the actual condition of the parts diseased lies beyond the reach of observation.—I saw him, for the first time, on the eighth day of his illness, if the liver had been then disorganised or greatly deranged in its actions, the probability is, that all remedies would have failed, but as this was still doubtful, as the disease was dangerous, though unattended by acute symptoms, and as evacuants alone could have preserved life, I lament that they were not more fully employed: they might have proved efficacious.—The congestion in the vessels of the dura and pia mater, and in those of the lungs, were the consequence of obstruction in the liver, of increased vascular action, and of a determination of blood to these organs.

1812.

Mary Fay, æt: 36—Of a sanguineo-melancholic

lic temperament, about three weeks after she was exposed to the infection of brain-fever, complained of horror and general languidness, followed by head-ach, pains in the back and lower extremities, loss of appetite and præcordial oppression; pulse 104, of tolerable strength, but unequal in its beats; respiration rather frequent; great anxiety; skin hot and constricted; complexion sallow; eye muddy; a circumscribed spot, of a mahogany hue, about the size of a dollar, appears upon each cheek; tongue yellowish in the centre, of a dirty white at the edges; bowels constipated; urine cloudy; fugitive pains throughout the abdomen; soreness and pain are felt on pressing the right hypochondre; the slightest pressure of the epigastric region causes nausea and faintishness; taste nauseous and bitterish, likened to that of rotten fish. This is the ninth day of her illness. A bolus, composed of antimonial powder and calomel, was prescribed after her admission, and the enema purgans was ordered to be administered in the evening. Wine given in small quantity.

10th.

The bowels were gently opened by the medicine of yesterday; fæces darkish; urine high-coloured; watchfulness; frequent yawning, hiccup and retching; great anxiety; palpitation of the heart; countenance grim and lurid; face partly of a mahogany hue, and partly yellowish; pulse unequal in strength and frequency; complains of head-ach, præcordial oppression, pains in the abdomen, and general weakness;

weakness; any degree of pressure upon the region of the stomach excites nausea and a tendency to deliquium—bolus repeated; an opening mixture prescribed, and the quantity of wine increased.

11th.

Watchfulness; low delirium; great anxiety; frequent moaning; countenance as yesterday; pulse 120, tense and irregular; respiration laborious; three dejections of a tar-like appearance; urine turbid; tongue of a brownish yellow and parched in the centre; complains of weakness, general soreness and præcordial oppression; nausea and tendency to deliquium are still excited by pressing the region of the stomach. Ordered—the medicines of yesterday, the effervescing draught, a blister to the epigastric region, and an increased quantity of wine.

12th.

Higher delirium; involuntary dejections; fæces dark and greenish; urine tinges the bed-linen of a yellowish hue; eye sunk and muddy; nose and face of a livid hue, streaked with yellow; features contracted; pulse 120, intermitting and feeble; respiration frequent and anxious; a vacancy of expression is observed in the countenance; had a shivering fit last night, of about 10 minutes duration; a clammy perspiration of the face and breast followed. Ordered—the bolus, the effervescing draught, the enema catharticum, and blisters to be applied upon the legs; wine as yesterday; spirit diluted to be also exhibited.

13th.

13th.

Several dejections, fetid, dark and greenish; great watchfulness and anxiety; delirium became more violent, the countenance more ghastly, and the skin more yellow; deglutition became difficult, and the extremities cold.—Death closed the scene.

DISSECTION.—There was a preternatural fulness of the vessels of the dura and pia mater, and of the plexus choroides.—The lobes of the right lung were sound; upon the surface of those of the left were found several tubercles of a greyish appearance, about the size of small peas; both lobes of the liver were considerably enlarged in size, dark-coloured and gorged with blood; the concave surface of the right adhered to the colon by coagulable lymph; in the immediate vicinity of this adhesion were marks of inflammatory action; the concave surface of the left was connected with the stomach by three small patches of coagulable lymph apparently of recent formation; a gangrenous spot about the size of a sixpence was discovered upon the external coat of the stomach near to its superior orifice; the gall-bladder was half filled with a substance, somewhat resembling in colour and consistence, the grounds of coffee; the spleen was enlarged and of a darker colour than natural.

The fugitive pains felt in both the hypochondres, augmented by pressure, the mahogany hue of the face, the yellowness of the skin and eye, the feverish symptoms, &c. here related, have been frequently noticed;

noticed; but, the nausea, the retching and the faintishness induced by the pressure of the epigastric region, were unusual and remarkable—The appearances on dissection explained what was before involved in obscurity; the stomach was found inflamed, and any degree of pressure of the stomach in such a state, is sufficient to produce the symptoms now mentioned.—The liver was the organ primarily diseased, it was highly inflamed and was considerably altered in its structure. The affection of the head and spleen was the consequence of congestion, and of determination of blood to these organs; even the inflammation of the stomach was but secondary, although the gangrene that supervened might have hastened the death of the patient.

This case was placed under the care of a medical friend, who, considering it as a combination of the Typhous and Bilious fevers, gave calomel, antimonial powder, saline medicines and aperients, wine and other stimulants. The examination after death proved that blood-letting and other evacuants were the only remedies suited to the nature of the disorder.

To shew that the liver is often affected in fever, and that the nature of the affection is such as I have stated it to be, I shall now appeal to a few respectable authorities.

Doctor Mitchell, in his history of the yellow fever, as it prevailed in Virginia, in the years 1737 and 1741, says, speaking of a slave who died of it, "The liver was turgid and plump on its outside, but, on its concave surface, two thirds of it were

of a deep black colour, and round the gall-bladder it seemed to be mortified and corrupted."

Doctor Mackittrick, in his inaugural dissertation, published at Edinburgh, in the year 1766, on the yellow fever of the West Indies, says, "That in some of the patients who died of it, he found the liver sphacelated, the gall-bladder full of black bile, and the veins turgid with black fluid blood; in others he found the liver no ways enlarged, and its texture only vitiated."

Doctor Lind, in his account of the yellow fever which prevailed at Cadiz, in the year 1764, observes, "That the liver and lungs were of a putrid colour and texture."*

Of a malignant, pestilential epidemic, in Lower Provence, it is stated by Darlue, that on dissection it was found, that the inflammation had chiefly attacked the liver, which was enlarged, and the gall-bladder was greatly distended and full of green bile.†

Of the yellow fever which raged at Leghorn, in the Summer of 1804, Thiebault reports that there were few of the viscera that it did not leave sometimes sound, sometimes gangrenous; this alteration was especially seen upon the concave part of the liver, &c.

And Palloni gives a similar account writing on the same fever; "the liver," he mentions, "was sphacelated, and as it were boiled."‡

Doctor

* Diseases of warm Climates, page 125.

† See Beddoes on Fever, page 52.

‡ Page 53.

Doctor Jackson, speaking of the effects of fever on the different viscera of the body, makes the following observations, "The liver suffers materially during the actual existence of fever, and is often much deranged by its consequences. It thus happens, not unfrequently, that abscess being formed in the liver, and adhesion taking place between its coverings and those of the diaphragm, the diaphragm becomes affected, at last eroded, and the matter finds passage through the lungs, giving an appearance of pulmonary consumption; in other cases, the abscess formed in a similar manner, in the substance of the liver, has appeared to discharge itself through the biliary ducts, into the alimentary canal; or the inflammation being vigorous in the external coats and skirts of this organ, adhesion is formed with the colon, duodenum and neighbouring parts—erosion takes place, and the matter escapes into the tract of the intestines;—these adhesions and erosions are often of great extent: it is further observed that the liver appears sound externally, on some occasions, the application of the knife only discovering an internal abscess, which had not found exit at the period of death. To the above may be added, the very common occurrences of changed organization and enlarged dimensions, in consequence of which the functions are impaired or abolished.*

Pinel, describing the appearances observed on dissection, in the fever which he calls putrid or adynamic,

* Outline of the History and Cure of Fever, page 301.

adynamic, says that in some cases, "Le foie etoit tres volumineux, très-engorgè, rougeâtre, phlogosé, et renfermoit des foyers purulens."*

Mr. Clarke gives a case of inflammatory fever, attended with a sense of weight and uneasiness in the hepatic region; which in a few days assumed the type of typhus.—On dissectiou, he says, "a large deep-seated abscess was detected in the liver."†

The different authors here named, considering fever as a disorder of the system at large, ascribe its symptoms to some unknown action, which they denominate febrile, peculiar, &c. and the appearances of inflammatory action observed on dissection in the different viscera, they attribute to particular determinations of such febrile action, or to accidentally concurrent inflammation:—But these appearances are sufficient to account for the phenomena of fever, and it is neither necessary nor philosophical to call in the aid of more causes than are equal to explain the effects produced—Why should we refer to hypothesis in order to account for the presence of symptoms so readily explained on the principles which are here laid down; principles founded on experience and the evidence of facts?

* See Pinel. Nosographie Philosophique, page 152.

† Observations on the Nature and Cure of Fever, &c. page 225.

GASTRIC FEVER.

To the following cases the title of Gastric is given, because the stomach in these instances, was the seat of fever.

The Gastric has many symptoms in common with other fevers, as slight chills or violent rigors, languor, lowness of spirits, loss of appetite, prostration of strength, fugitive pains, thirst, &c. But the symptoms by which it seems to be characterised are almost constant nausea, frequent retching and vomiting, a sense of soreness, weight, uneasiness or pain in the epigastric region (symptoms which are increased and sometimes excited by pressure) a feeling of internal heat and burning, a desire for cold acidulated drinks, a distaste for every kind of food, especially animal; præcordial anxiety, restlessness, watchfulness and despondency, frequent sighing and sense of sinking; a sudden alteration of the features, which express great distress of body and dejection of mind; at times they are dull and vacant, again wild and staring. Such are the symptoms which distinguish this variety of fever—the head, moreover, is usually affected, but, for the most part, in a slight degree; often a sense of weight or fulness is complained of; sometimes there is a dull, rarely an acute pain, and this is commonly confined to the forehead; the ideas are generally confused; sometimes there is stupor, sometimes low delirium; the breathing is often hurried and anxious; the pulse is variable,

soft

soft or hard, small or full, slow or frequent, regular or intermitting; the tongue is cream-coloured and moist, sometimes tinged with yellow in the centre; in some cases the fauces, tongue and gums are slightly inflamed, in others, they are covered with aphthous sores; deglutition is frequently difficult; the taste is vitiated; the bowels are constipated; the urine varies with the progress of the disease; at the beginning it is usually pale or straw-coloured and is in large quantity; as the disease advances it becomes high-coloured or reddish and is scanty; towards the decline, it is cloudy and deposits a mucous or gelatinous sediment, brownish, olive or pink-coloured; and the temperature of the body is often moderate, often high, and in some instances it is below the natural standard.

The disease varies in violence according to the extent and degree of the affection and the part of the stomach particularly affected.

July, 1812.

Mary Gaynor, æt: 35—Was attacked, ten days after exposure to the influence of contagious fever, with chilliness, nausea and frequent retching, with a burning heat and soreness in the stomach, with a sense of weight and fulness of the head, and with great prostration of strength—took an emetic without relief. Pulse 100, feeble and irregular; respiration anxious; skin constricted and rather cool; tongue whitish and moist; taste sourish; disagreeable

able eructations; bowels constipated; urine high-coloured; frequent sighing; countenance lurid; pain is excited on pressing the epigastric region: this is the sixth day of her illness.

Mittatur sanguis e brachio ad uncias sex.

R. Infusi sennæ uncias sex

Sulphatis magnesiæ

Tincturæ jalapæ utriusque unciam. M.

Sumantur cochlearia tria singulis horis ad plenam alvi solutionem.

Foveatur abdomen tertiis horis. Fever diet.

7th.

Some mitigation of the urgent symptoms followed the bleeding; blood of a scarlet colour and dense; serum in small quantity, glutinous and straw-coloured; three dejections dark and fetid; urine reddish; pulse 110, hard and regular; restlessness and watchfulness; frequent retching and vomiting; calls for cold water to cool the internal heat; præcordial anxiety; ideas confused; mind dejected; great prostration of strength.

Mittatur iterum sanguis e brachio ad uncias sex.

Repetantur mistura cathartica et fotus abdominis.

Injiciatur enema catharticum octavis horis.

8th.

Retching aud vomiting not so frequent; sense of internal heat and soreness somewhat diminished; pain is still excited on pressing the epigastric region; the most grateful drink and what sits most easily on the stomach is cold water; præcordial anxiety; respiration frequent; face flushed: skin

hot

hot and dry; pulse 96, feeble and intermitting; disturbed rest; slight head-ach; features dejected; complains of a soreness of the flesh, of general uneasiness and great weakness; four dejections blackish and knotted; urine scanty and high-coloured; immediate relief followed the bleeding; crassamentum florid and tenacious; serum much as yesterday; the fomentation affords considerable ease.

Repetatur sanguinis detractio.

Admoveantur cucurbitulæ cruentæ regioni epigastricæ et detrahantur sanguinis unciæ sex.

Repetantur fotus et mistura.

9th.

Felt considerable relief from the bleeding of yesterday, both general and local; blood taken from the arm slightly buffed; six dejections partly dark and partly yellowish; urine cloudy; retching and vomiting less frequent; the soreness in the stomach and the internal heat and burning are removed; pressure of the epigastric region no longer excites pain or uneasiness; the countenance begins to resume its natural appearance; pulse 96, soft and regular; skin hot and moist; tongue moist; had some hours rest.

Repetatur mistura cathartica.

10th.

Five dejections yellowish; urine turbid; sound sleep; no pain nor uneasiness; skin cool; tongue clean; return of appetite. Convalescent.

The

This is an instance of Gastric Fever, caught by exposure to the influence of contagion:—at the commencement of the attack several of the symptoms which constitute the fever called the nervous or typhous, were present; such are chilliness and lassitude, frequent weak pulse, head-ach, prostration of strength, loss of appetite, &c. These symptoms, however, were but the effect of a local organic affection, and it shortly appeared from the soreness, heat and burning in the epigastric region, from the frequent retching and vomiting, the dejection of mind, the urgent thirst, and the pain produced by pressure, that the stomach was the seat of this affection.—The variation of the pulse was remarkable; after each bleeding it became softer, more expanded and more regular, and a considerable mitigation of the urgent symptoms uniformly took place: the cathartics, the fomentation and the local blood-letting, contributed, in a material degree, to the cure of this patient. A review of the symptoms here enumerated and of the advantages which followed the employment of evacuants, is sufficient to prove that the disease was inflammatory.

August 25, 1812.

Catharine Mc. Lean, æt: 18—Of a sanguineo-phlegmatic temperament, after violent exercise and subsequent exposure to cold, wet and the influence of contagious fever, complained of chilliness, nau-

sea, loss of appetite, soreness of the flesh, and of pains and weakness of the lower extremities; to these symptoms succeeded heat of skin, urgent thirst, and a desire for cold water and acidulated drinks: pulse 96, tense and full; respiration anxious and frequent; fugitive pains in the sternum; occasional faintishness; fulness and uneasiness of the head; tongue moist, yellowish in the centre and cream-coloured at the edges; taste sourish and nauseous; pressure of the epigastric region excites pain and oppression; this is the sixth day of her illness.

Mittatur sanguis e brachio ad uncias octo.

Habeat misturam catharticam ad plenam alvi solutionem.

Foveatur abdomen tertiis horis decocto chamæmeli composito.

26th.

Immediate relief followed the bleeding; the ease thus procured was but of an hour's duration; crassamentum crimson-coloured and tenacious; serum in small quantity and of a light green; respiration hurried; pulse 108, depressed and irregular; skin of a caustic heat when pressed; four dejections darkish; urine high-coloured and cloudy; restlessness; faintishness; slight head-ach; countenance dejected; face alternately pale and flushed; thirst urgent; drinks nothing but cold water; complains of fugitive pains in the sternum and in the region of the stomach; the pressure of this organ excites pain and a tendency to deliquium animi.

Repetatur

Repetatur sanguinis detractio ad eandem quâ heri quantitatem.

Repetatur mistura cathartica.

Admoveantur cucurbitulæ cruentæ regioni epigastricæ et detrahantur sanguinis unciæ octo.

Foveatur abdomen quartis horis.

Injiciatur enema catharticum sextis horis.

27th.

There was a cessation of pain and uneasiness for about two hours after the topical and general blood-letting, the pain then returned but with diminished violence; crassamentum of a scarlet colour and dense; serum in small quantity and greenish; restlessness; low delirium; frequent sighing; complains of a dull pain in the forehead, and occasionally of an acute burning pain in the stomach; countenance lurid; face suffused with a hectic flush; tongue parched and covered with a thin brownish crust; thirst still urgent; the same desire for cold water continues; three dejections; urine of a dark red and scanty; respiration, at one time natural, again hurried and anxious; pulse 116, full and regular; skin hot, reddish and swoln.

Repetatur sanguinis detractio et localis et generalis.

Repetantur, fotus abdominis, enema et mistura cathartica.

28th.

Says she found more relief from the fomentation and the cathartic than from the blood-letting; three ounces of blood only were taken from the arm, and

less

less from the region of the stomach ; disturbed rest; low delirium; frequent sighing and moaning ; hiccup occasionally ; anxiety about the præcordia; acute pain in the stomach, by pressure this pain is augmented and faintishness induced ; urgent thirst and the desire for cold water still continue ; tongue brownish, parched and tinged with yellow in the centre; four dejections of a light purple; urine turbid and of a deep red ; skin of a caustic heat; face flushed.

Repetantur omnia ut heri prescripta.

29th.

Was considerably relieved of the pain in the stomach by yesterday's bleeding, but felt weak after it; relief was likewise obtained by the fomentation and the operation of the enema and the opening mixture; blood buffed ; enjoyed three hours rest ; thirst less urgent; the desire for drinking cold water is abated; soreness of the stomach and abdomen, rather than pain, is now complained of; præcordial anxiety diminished ; sighing and moaning less frequent; pulse 102, soft and regular ; four dejections yellowish ; urine cloudy and deposits a gelatinous sediment of a light pink-colour; skin moist and cool.

Repetantur mistura cathartica, fotus abdominis et enema.

30th.

Six dejections, thin and brownish ; urine turbid and dark ; skin moist but hot: pulse 96, tense and irregular ;

irregular; complains of general soreness, especially throughout the abdomen, and of head-ach; feels uneasiness and pain on pressing the region of the stomach.

Mittatur sanguis e brachio ad uncias sex.

Repetantur, fotus abdominis, enema et mistura cathartica.

31st.

Blood highly buffed; seven dejections; urine cloudy and deposits a mucous sediment of a pink colour; profuse general perspiration followed the bleeding; tongue moist and clean at the edges; countenance more natural; neither pain nor soreness is now complained of; pulse 76, soft and full; calls for food; feels stronger. Convalescent.

Here is a case of Gastric fever, unaccompanied by retching or vomiting, yet the pain in the stomach was more acute, the vital functions were more disturbed, and the danger was more imminent than in the former case; this difference is owing to the seat and the extent of the affection—in the former instance I would suppose that the inflammation was considerably diffused, but superficial, perhaps chiefly confined to the mucous or villous coats of the stomach, and that the nervous and muscular coats were principally engaged in the latter.—Most of the symptoms by which this variety of fever is distinguished were present; such were the pain, burning heat and soreness in the region of the stomach, the urgent thirst, the desire for cold

cold drinks, the restlessness, anxiety, and the frequent sighing and moaning—the diseased state of the pulse, skin and tongue, the head-ach, the hurried and laborious respiration, the fugitive pains in the chest, &c. were but secondary symptoms, which subsided and vanished with the diminution and removal of the primary affection of the stomach. Such was the violence of this attack, that it was necessary to have recourse to blood-letting five times; the third blood-letting alone failed in giving relief, when the quantity prescribed could not be taken away. The blood varied in consistence and colour; it may be worthy of a remark, that the last drawn was the most highly buffed.—The pulse, influenced by the disease, underwent many changes; it was soft and hard, full and small, regular and irregular: now though it be difficult to account for these changes, the success of the practice would seem to suggest a valuable lesson, that no state of the pulse is to interfere with the use of the lancet, while symptoms, characteristic of inflammatory action, are present. Cathartics were daily administered, and with marked advantage; they diminish the quantity of the circulating mass; they also serve to divert the current of fluids from the parts diseased—The repeated fomentation of the epigastric region, by determining to the surface and by exciting the cuticular vessels, diminishes the congestion and inflammatory action of the

vessels

vessels of the stomach, and thus essentially contributes to the removal of disease.

Do not the good effects produced by the remedies here employed, explain the nature of the disorder? Had this fever been left to the operation of the vis medicatrix naturæ, must not the consequences have been fatal?

August 28, 1812.

Nurse Gannon, æt: 26—Of a sanguine temperament, three days ago complained of weakness, nausea, loss of appetite and slight head-ach; these symptoms were followed by shivering, faintishness and a general soreness of the flesh. Pulse 104, small and contracted; tongue whitish; face alternately pale and flushed; bowels constipated; complains mostly of sickness of stomach and pain in the heart and forehead; she requests to have an emetic.

R. Pulveris Ipecacuanhæ semidrachmam.
Aquæ fontanæ unciam. M. pro emetico.
Mittatur sanguis e brachio ad uncias octo.
Vespere injiciatur enema catharticum.

29th.

Says her head and heart were relieved by the bleeding, and her stomach by the emetic; blood slightly buffed, no serum; skin hot and dry; pulse 106 and soft; bowels confined; urine of a brownish colour; slight cough; tongue loaded, whitish and streaked with yellow: thinks herself almost well.

Habeat misturam catharticam ad plenam alvi solutionem.

30th.

30th.

Restless night; frequent vomiting and retching; low delirium; shivering at times; frequent sighing and moaning; six dejections dark-coloured; urine reddish; skin of a dry and caustic heat; tongue slightly furred, of a yellowish brown; face flushed; petechiæ of a red colour and small in size, upon the abdomen; mind dejected; pulse 110, tense and irregular; respiration hurried; calls for cold water to drink; when interrogated as to the seat of pain and distress, she speaks of her head, bones and flesh.

Detrahantur venâ brachiali sanguinis unciæ octo.

Repetatur mistura cathartica.

Foveatur abdomen quartis horis decocto chamæmeli composito.

31st.

No effect from the bleeding of yesterday; crassamentum scarlet-coloured and dense; serum in small quantity and of a light olive; watchfulness; low delirium, yet the mind when roused, is perfectly collected; frequent sighing, moaning, retching and vomiting; thirst urgent, drinks cold water; three dejections black and yellowish; skin still very hot and dry; urine in large quantity and purplish; pulse 120, feeble and irregular; says she was relieved by the operation of the cathartic and by the fomentation; petechiæ not so red, but more numerous.

Repetatur sanguinis detractio ad eandem quâ heri quantitatem.

Repetantur mistura cathartica et fotus abdominis.

Injiciatur enema catharticum sextis horis.

September

September 1,

Says her heart was lighter for some time after the bleeding; crassamentum florid and dense; serum in small quantity and of an olive colour; constant retching and vomiting; slight head-ach; low delirium through the night; watchfulness; hiccup; frequent sighing and moaning; urgent thirst and desire for cold water continue; four dejections yellowish; urine brownish—on being questioned she says that she feels a general soreness throughout her flesh and bones, and pain about the centre of the back; countenance dejected; face alternately pale and flushed; pulse 110, full and regular; respiration occasionally hurried and laborious; skin hot and moist; has taken peppermint water with advantage to her stomach.

Mittatur sanguis e brachio ad uncias sex.

Foveatur abdomen quartis horis.

Repetatur mistura cathartica.

2d.

Fell into a perspiration after yesterday's visit, found herself relieved and was not blooded; says she has neither pain nor soreness except in her arms; calls for food—pulse about 80 and full; skin rather hot.

3d.

Last night there was some recurrence of the disease; of the retching and vomiting, of general pains and soreness, and of thirst; pulse 102, tense and irregular; skin hot and dry; respiration hurried; face flushed; frequent yawning; bowels open.

Mittatur sanguis e brachio ad uncias octo.
Habeat aquæ menthæ piperitidis cyathum subindè.

4th.

The bleeding procured some hours relief; crassamentum slightly buffed; serum in very small quantity and of a light olive; countenance sad; frequent sighing and moaning; anxiety; pulse 110, feeble, but regular; skin hot, sallow and constricted; three dejections of a greenish yellow; urine turbid; thirst urgent; tongue brownish and moist; finds relief rom the peppermint water.

Repetatur sanguinis detractio ad eandem quâ heri quantitatem.

Repetantur mistura cathartica et fotus abdominis.

5th.

Considerable relief followed the bleeding of yesterday; crassamentum florid and soft, and in small proportion to the serum; serum of a greenish hue; three dejections yellowish; urine deposits a gelatinous sediment of a brick colour; no pain nor uneasiness; skin cool and soft; return of sleep and appetite. Convalescent.

This patient was one of the nurses of the Fever-Hospital, and was consequently daily exposed to the influence of contagion.—About two months before her present illness she laboured under fever, the effects of which were diminished appetite, flatulence and a sense of soreness and uneasiness in the stomach—the irritability and weakness thus produced in this organ, predisposed it to be acted on

by

by the contagion to which she was exposed—at her own request the emetic was administered, by which and the first bleeding, the disease was checked, but not subdued, for, on the following day the symptoms recurred with redoubled violence.—It is deserving of notice, that throughout the course of her illness she did not once complain of pain in her stomach except on pressure.—The urgent symptoms were præcordial oppression, urgent thirst, frequent retching and vomiting, a desire for cold water and a feeling of weakness; symptoms sufficient to characterise the disease. This patient occasionally laboured under low delirium, but when roused, was collected and rational, a circumstance worthy of remembrance, because it may serve to distinguish this variety of fever from the cephalic, in which the intellectual powers are so disturbed, that the patient can with difficulty be excited to give a distinct answer, or, if excited, immediately relapses into a state of stupor or delirium. The blood varied in consistence and colour; on the first, second and third bleedings, the crassamentum was dense and of a scarlet colour, and there was little or no serum; on the fourth the crassamentum was buffed and cupped, and the serum was in large quantity and of an olive hue; on the fifth and last bleeding, the crassamentum was soft and shred-like, but florid, and the serum was in still larger quantity and of a greenish hue; but the good effects of the blood-letting, in this instance, did not seem to depend on the state of the blood, for whether

whether the crassamentum was dense or soft, whether the serum was in large or in small quantity, decided and manifest relief followed each bleeding, with the exception of the fourth, when the quantity of blood taken away was less than what was prescribed; on the ninth day of her illness petechiæ made their appearance; at this period the vascular excitement was high, when the excitement was reduced the petechiæ disappeared: on the 10th there was perspiration, followed by a remission of all the urgent symptoms, and by some return of rest and appetite; the crisis was imperfect: the day following the former symptoms recurred with violence, accompanied by frequent yawning; a repetition of the former remedies speedily removed the disease—And here it may not be irrevelant to remark, that notwithstanding the violence of the attack, the frequent bleeding, the daily operation of the cathartick, and the previously delicate state of health of this patient, she was no sooner relieved from disease than her strength was restored. On the 12th day of fever she was convalescent; four days afterwards she was removed to the House of Recovery, where she could not be prevailed on to remain longer than three days, at the expiration of which time, she was able to resume the laborious duties of nurse-tender to the Fever-hospital.

August 15, 1812.

Edward Greene, æt: 40—Of a bilious temperament, after a fit of intoxication and subsequent exposure

exposure to the night air, complained of head-ach, soreness of the flesh and of pain about the centre of his back; to these symptoms succeeded nausea, retching, thirst and a desire for cold water—Pulse 104, tense; respiration anxious; cough troublesome; skin hot, dry and of a reddish appearance; bowels constipated; urine high-coloured; tongue whitish; complains chiefly of head-ach, præcordial oppression, and of soreness and burning heat in the stomach: there are partial clammy perspirations on different parts of the body; a miliary eruption appears upon the neck, breast and lower extremities; this eruption on some parts is reddish, on others whitish and of a crystalline appearance; this is the fifth day of his illness.

Mittatur sanguis e brachio ad uncias octo.

Habeat misturam catharticam.

Foveatur abdomen tertiis horis.

16th.

Disturbed night; great anxiety; frequent moaning, retching and vomiting; breathing hurried; pulse 112, full and hard; skin very hot and dry; countenance lurid and alternately pale and flushed; says he was easy for a short time after the bleeding; blood buffed, no serum; four dejections of a dark brown; urine purplish; miliary eruption much as yesterday; some appearance of a crystalline matter in a few of the red spots; calls for cold water and acidulated drinks; the pain and soreness of the stomach are augmented and vomiting is excited by pressure.

Repetatur

Repetatur sanguinis detractio ad uncias decem.

Repetatur mistura cathartica.

Admoveantur cucurbitulæ cruentæ regioni epigastricæ et detrahantur sanguinis unciæ sex.

17th.

Low delirium; heaving of the breast; pulse 120, tense and somewhat irregular; clammy perspiration about the neck and breast; features dejected; low spiritedness; three dejections reddish; urine high-coloured; taste nauseous; tongue parched and foul, yellowish in the centre, white at the edges; says he was relieved for several hours by the bleeding; blood from the arm scarlet-coloured and dense; that from the epigastric region, soft and reddish; complains chiefly of thirst and of frequent retching and vomiting, of a burning heat and at times of pain in the stomach; cannot bear pressure upon this organ; miliary eruption begins to fade.

Repetatur sanguinis detractio et localis et generalis.

Repetatur mistura cathartica.

18th.

Seven dejections, yellowish; urine turbid; crassamentum slightly buffed; serum in large quantity and of an olive hue; says his heart was lighter after the general bleeding; found ease from the cupping; respiration hurried; pulse 110, soft; skin moist and hot; taste less nauseous; complains at present of præcordial anxiety, of palpitation of the heart, of pain in the back and of soreness and heat in the stomach; the desire for cold drinks continues, but is somewhat abated.

Detrahantur

Detrahantur venâ brachiali sanguinis unciæ octo.

Perstet in usu misturæ catharticæ.

Foveatur abdomen sextis horis.

19th.

No appearance of the miliary eruption; considerable relief from the bleeding; crassamentum soft, reddish and in small quantity; serum yellowish and in large quantity; eight dejections, partly dark, partly yellowish; urine turbid and deposits a gelatinous sediment; breathing free; pulse 96, soft; skin cool; no retching nor vomiting; the desire for cold water has ceased; thirst less urgent; features more natural; a sense of soreness in the stomach is now only complained of.

Repetantur mistura cathartica et fotus abdominis.

20th.

Six dejections brownish; urine turbid and deposits a lateritious sediment; pulse 80, of good strength; skin cool and soft; tongue cleaner; taste returning; had some hours rest; is free from pain and soreness of the stomach; calls for food. Convalescent.

Repetatur mistura cathartica.

In addition to the ordinary symptoms of Gastric Fever here related, we are presented with the miliary eruption which assumed the white and the red form, and both these forms occasionally put on a crystalline appearance. This eruption was accompanied by partial clammy perspirations, by frequent sighing, deep breathing and panting, and by great anxiety, symptoms not infrequent in gastric fever.

When

When the disease was at its height the eruption made its appearance, by the free use of evacuants the eruption was removed. Do not these circumstances go to shew that it proceeds, in a great measure, from increased vascular action?—Petechiæ differ widely in colour, figure and size, and the same variety takes place in the miliary eruption, the former are often mistaken for, or combined with the latter, both appear in cases of vascular excitement, and both are cured by the same remedies; from these circumstances it would appear that the miliary eruption is but a modification of the petechial, differing from the latter in consequence of temperament of body or of some peculiarity in the structure of the skin or the action of its vessels, which, in one case, admit the globules of the blood, in the other, the more serous or saline parts. The miliary eruption occurs most frequently in the bilious, plethoric and irritable, in gouty or rheumatic habits, or in those born of gouty or rheumatic parents, more especially if the skin be rough, dry or possessed of little sensibility. In the case before us the lancet was had recourse to, on the fifth, sixth, seventh and eighth days of the fever, on the ninth convalesence took place; the blood exhibited different appearances, but the relief obtained by each blood-letting was uniform. The fæces indicated irregular and increased actions in the vessels of the liver.

August,

August, 1812.

James Simpson, æt: 32—Of a sanguine temperament, complains of pain of the head, back and loins, of a burning heat and soreness in the region of the stomach—the thirst is urgent, there is a great desire for acidulated drinks and cold water; the breathing is deep and laborious; there is frequent sighing and panting; the skin is hot, the pulse weak and frequent; the tongue moist and cream-coloured; the features are dejected, occasionally there is stupor, from which the mind is easily roused, and then seems unclouded; the slightest pressure of the epigastric region causes acute pain.—This illness is of four days standing; it was occasioned by wet, cold and the use of spirituous liquors, and it commenced with rigors, head-ach, nausea and pain betwixt the shoulders.

Mittatur sanguis statim e brachio ad uncias duodecim.

Habeat misturam catharticam.

Admoveantur cucurbitulæ cruentæ regioni epigastricæ et detrahantur sanguinis unciæ octo.

Foveatur abdomen tertiis horis.

6th.

The ease procured by the bleeding was immediate but temporary; crassamentum highly buffed; serum in large quantity and of an olive hue; four dejections blackish and greenish; urine turbid and purplish; low delirium; watchfulness; great anx-

iety, tossing of the bed-clothes; respiration hurried; pulse 126, tense and irregular; skin hot in the region of the chest and stomach, but cold and bedewed with a clammy perspiration upon the forehead and extremities; countenance lurid; eyes red, swoln and staring; complains of extreme weakness; of a burning heat and soreness in the epigastric region, which is now become so sensible that the weight of the bed-clothes is insufferable.

Mittatur sanguis e brachio ad uncias viginti.

Foveatur abdomen tertiis horis.

Repetatur mistura cathartica.

Injiciatur enema catharticum sextis horis.

7th.

Shortly after yesterday's visit a shivering fit came on, accompanied by vomiting of a fluid resembling the grounds of coffee; the features became collapsed, the swallowing difficult and the respiration laborious—he was not blooded. At two P. M. he died.

DISSECTION.—The veins of the pia mater were somewhat turgid; the brain was sound. The lungs were sound; there were slight adhesions between the pleura pulmonalis and costalis of the left side, but not of recent formation:—the vessels of the liver were enlarged, and a large quantity of bile of a dark colour was found in the gall-bladder; upon the inner surface of the superior part of the stomach, about two inches from the cardia, was a spot highly inflamed, of the size of a dollar; about three inches distant was observed another spot, of the

size

size of a sixpence, in a state of mortification; in the cavity were found two table spoonsful of black grumous blood.—The vessels of the external coat were, in some parts, of a vermillion colour and considerably distended; the intestines and remaining viscera were sound.

This fever was rapid in its progress and fatal in its termination.—I first saw this patient on the fifth day of his illness, on the day following he expired.—Such was the violence and nature of the attack that it is probable no remedy would have availed, even at an early period; but on the fifth mortification had supervened, when the injury sustained by the stomach was such, as to render futile the employment of all remedies.—In hot climates fever often runs its course even in a shorter period, nor is this to be wondered at, when it is seated in membranous organs of great importance to life, and endued with a high degree of sensibility.

It is worthy of remark, that this patient complained of pain and burning heat in the stomach, an hour before his dissolution.—This shews that the presence of inflammation does not prove the absence of gangrene; and it may serve to guide the physician in delivering his prognosis. The head-ach was owing to the determination of blood to the brain, and some unusual fulness of the vessels of its membranes, with this exception, every organ but the stomach, was found in a healthy state; and on dissection, the appearances in the stomach

were

were those of inflammation and gangrene; to these therefore, the fever which assumed the putrid or typhoid type, must be ascribed.

June, 1812.

Julia Smyth, æt: 23—Of a phlegmatic temperament, was exposed to the contagion of fever; a week afterwards she became languid and feeble, lost her appetite and spirits, and complained of nausea, head-ach and soreness of the flesh; pulse 96, feeble and obscure; breathing hurried; frequent sighing and moaning; occasional retching and vomiting; thirst urgent; bowels constipated; urine straw-coloured and deposits a mucous sediment; pain and soreness in the region of the stomach considerably augmented by slight pressure.—This is the seventh day of her illness.

R. Calomelanos grana tria,
Pulveris rhei scrupulum, fiat pulvis statim sumendus.
Habeat misturæ salinæ unciam tertiis horis.
Habeat vini rubri uncias sex.

8th.

Disturbed sleep; low delirium; face alternately pale and flushed; countenance dejected; at times the whey is rejected by the stomach, but cold water is highly grateful; frequent sighing; complains much of an internal burning heat, of præcordial anxiety, and of soreness in the stomach; three dejections by the powder; urine of a pale colour; pulse 110, tense and irregular; breathing laborious; petechiæ of a reddish colour upon the chest.

Foveatur abdomen—reliqua ut heri.

9th.

9th.

Two dejections scanty and dark; urine high-coloured; tongue moist and foul; taste bitterish; restless night; tossing of the bed-clothes; frequent moaning; nausea, but little retching or vomiting; offensive acid eructations; the temperature of the skin about the chest and præcordia is considerably raised above the natural standard, that of the extremities is much below it; the face and neck are bedewed with a clammy perspiration; eye muddy and inanimate; thirst urgent; occasional faintishness: there appears to be some distension of the external teguments of the epigastric region, which are so extremely tender as not to bear the weight of the bed-clothes; pulse 126, contracted and irregular; breathing more hurried than usual; petechiæ much as yesterday.

R. Magnesiæ ustæ

Pulveris rhei, utriusque scrupulum, aquæ menthæ unciam; fiat haustus statim sumendus.

Vespere injiciatur enema catharticum.

Admoveatur vesicatorium regioni epigastricæ.

Sumat misturæ salinæ unciam, cum tincturæ opii guttis octo, tertiis horis.

Habeat vini rubri uncias duodecim.

10th.

Watchfulness; præcordial oppression; occasional delirium; when spoken to she gives a rational answer; complains of head-ach, of a burning heat in the stomach, of weakness, of a sense of sinking, and of soreness of the flesh; countenance lurid; complexion

complexion of a dusky olive hue; pulse 130, feeble and intermitting; respiration laborious; a full inspiration or any degree of pressure of the epigastric region gives excruciating pain; skin cool and clammy; petechiæ more faint.

Applicetur vesicatorium inter scapulas.

Repetantur mistura, haustus, enema et vinum ut heri prescriptum fuit.

11th.

Involuntary dejections of a greenish cast; urine reddish and deposits a pink-coloured mucous sediment; tongue loaded with a brownish viscous matter; low delirium and tendency to stupor, yet the mind, when roused, is collected and a correct answer is given to any question proposed; aspect sad and dejected; pulse 144, tense and intermitting; breathing hurried and anxious; frequent moaning, sighing and retching, and occasional vomiting; thirst less urgent; had a shivering fit last night of ten minutes duration, followed by heat of skin and partial perspiration of the head and neck; pain on pressing the epigastric region not so acute.

R. Aquæ menthæ piperitidis uncias sex
Spiritûs ammoniæ aromatici drachmasduas
Tincturæ lavendulæ drachmas sex
Sacchari albi drachmas duas. M.
Sumantur cochlearia duo tertiis horis.
Habeat vini rubri uncias quâtuordêcim.

Died on the morning of the twelfth, after a night of pain and suffering.

DISSECTION.

Dissection.—The omentum was of a dusky grey colour aud somewhat thickened; the peritoneal covering of the stomach was inflamed aud covered with a substance of a gelatinous nature, and of an olive-colour; the vessels of the internal surface of the stomach were considerably enlarged; towards the great cavity were two red patches of the size of a dollar, not far distant were two others in a state of suppuration, and in some parts there seemed to be a separation of the internal coats of this organ; the spleen was soft, enlarged and heightened in colour; the veins of the membranes of the brain were rather turgid; that part of the colon which lies contiguous to the stomach was slightly inflamed.

Such were the appearances observed on dissection in the case now before us, appearances which clearly evinced extensive inflammation and suppuration in the coats of the stomach; from contiguity the omentum partook, in a low degree, of this inflammatory action, and from the irregular distribution of the blood, the head and spleen became affected—but the stomach was primarily and principally concerned, and in the derangements of this organ the fever originated.—This fever at its commencement, was considered by the attending physician as the nervous or low typhous, and in its progress, as the putrid, because petechiæ made their appearance. According to the different views thus taken

of

of its nature, and according to the urgency of the symptoms the remedies were exhibited; the wine, for example, was given to restore the strength and to correct the putrescent tendency of the fluids; the opiate and saline mixture, to allay the irritability of the stomach, to check the vomiting and to procure rest; the magnesia and opening draught, to empty the bowels and correct acidity; the fomentation of the abdomen and the blister on the epigastric region were intended to co-operate with the opiate in the reduction of pain and irritability; the blister was applied between the shoulders to relieve the hurried and anxious breathing, and the volatile alkali was administered as a stimulant when the debility was extreme—and such are the considerations which commonly influence the practice in this and similar cases; but of what avail are such remedies in so formidable a disease? That some were innocent and even useful we will readily acknowledge, but the useful were given with a timid hand, while the more active and injurious were freely administered. The symptoms proceeded from inflammation; to remove these symptoms, therefore, it is plain that evacuants would have been the only efficient remedies.

This fever, compared with the former, was more obscure at its onset and slower in its progress; as it advanced it developed, and finally displayed itself in all its violence.—The event, in such a case, at any period, is doubtful, even when treated on a right principle; but, at a late one the danger is imminent,

because

because the injury done to an organ essential to life is then usually irremediable.—There are other circumstances which form a shade of difference in these two cases; in the present, the vomiting and retching were less frequent and urgent than in the former, while the tension of the external teguments and the pain and soreness felt on pressure, or from the weight of the bed-clothes, were considerably greater; this was satisfactorily accounted for by the inflammatory appearances which presented themselves on dissection in the omentum and the peritoneal covering of the stomach, in the one instance and not in the other.

Different authors take notice of the ravages committed in the stomach by fever.

Doctor Mackittrick, speaking of the yellow fever of the West Indies, observes that, "the stomach, the duodenum and ilium were remarkably inflamed in all cases." See his inaugural dissertation published in Edinburgh, 1766.

Doctor Hume, in his account of the yellow fever of Jamaica, informs us, that, "In some he found the stomach and duodenum inflamed: in one case, he discovered black spots in the stomach, of the size of a crown piece."

Doctor Lind, in his history of the appearances observed on dissection in those who died of the fever which raged at Cadiz, in the year 1764, says, "The stomach mezentery and intestines were found covered with gangrenous spots. The orifice of the

stomach appeared to have been greatly affected, the spots upon it being ulcerated.*"

In the fever of Philadelphia, Doctor Phisick and Doctor Cathrall remark, "That the stomach and beginning of the duodenum are the parts that appear most diseased. In two persons who died of the disease on the fifth day, the villous membrane of the stomach, especially about its smaller end, was found highly inflamed; and this inflammation extended through the pylorus, into the duodenum some way.†"

Doctor Stubbins Firth, of Philadelphia, speaking of those who had died of the yellow fever, says, "The stomach was always found diseased; great inflammation being observed throughout, and erosions of the villous coat frequent, nay, in a number of cases, whole portions thereof, of the size of a dollar, were detached and found floating in the black vomit. The blood-vessels were in general very much distended, and, in one case, their smaller extremities, filled with a fluid, similar to the black vomit in appearance, taste and smell.‡"

In the dissection of the body of General Leclerc (brother-in-law to the then first Consul of France) as given in the Moniteur, January 7th, 1803. The medical officers declared that they had found "*l'estomac extrêmement phlogosé*, la tunique interne *sphacelée* et *enduite d'une* humeur *noirâtre* et *visqueuse*."

In

* Diseases of Warm Climates, page 137.

† See Rush on the Yellow Fever, page 120.

‡ See Cox's Medical Museum, Vol. 1, page 116, 118.

In Mr. Hooper's account of the sick landed from Corunna, we find dissections of different persons, who had died of the fever called Typhus;—in these the stomach was occasionally found affected with inflammation and its consequences.*

Mr. Boyle, describing the appearances in the bodies of those who died of the fever of Sicily, says, "The stomach is frequently found contracted or empty, or distended with variously coloured fluids, and even pure bile; sometimes inflamed spots are discovered on its peritoneal coat; but the internal surface is the most frequent seat of disease.—The texture of the villous coat is often completely destroyed, and it exhibits an uniform red of the deepest hue, in several places approaching to a livid colour, and is covered with coagulable lymph, or a secretion of puriform matter, tinged with blood. In other cases the inflammation is more limited, and appears in rosy patches over its internal surface, or in numerous minute red specks.†"

It would appear from Pinel, that all the viscera are occasionally found affected with inflammation and its consequences, in the fever which he styles the putrid or adynamic. He writes thus of the stomach —"L'ouverture des cadavres présentoit la rougeur, l'erosion et la destruction de la membrane muqueuse de l'estomac. Les membranes de l'estomac ont souvent paru plus épaisses que dans l'état ordinaire; dans quelques

* Edinburgh Medical and Surgical Journal, 1809.

† For 1812.

quelques cas on trouvoit des matières muqueuses et bilieuses, dans d'autres, du sang coagulé, des matières brunes, noires ou noirâtres, plus ou moins épaisses.*"

ENTERITIC FEVER.

THE bowels are often the seat of fever; to cases of this kind therefore, the title Enteritic may be properly applied.

Enteritic Fever is sometimes obscure and slow in its progress, sometimes it is clearly defined and proceeds with violence and rapidity; it is often an insidious and always a dangerous disease.—It commonly begins with slight chills succeeded by heat, which, in some instances, are general, in others, confined to the back or loins; the appetite is impaired, sometimes destroyed; there is often nausea and retching, and occasionally vomiting of a glutinous or watery fluid, greenish, bitterish, sourish or fetid; the taste is vitiated, the thirst urgent; the tongue is usually moist and loaded with a whitish or yellow mucus; at times it becomes brownish, blackish and parched; there is flatulence and distension of the abdomen; the bowels are usually constipated; the fæces, at times, are blackish or tar-like; the urine varies in colour and quantity, occasionally presenting a milky or wheyey appearance—a sense of heat or

* Pinel Nosographie Philosophique, p. 150.

or burning, of soreness or pain, is almost uniformly present, and is referred to some part of the intestinal canal, mostly to the umbilical region; this uneasy or painful sensation is augmented, and in a few cases excited by pressure—when the pain is severe, it is considerably increased by coughing, vomiting or sneezing, or by making a deep inspiration—there is restlessness, præcordial anxiety and extreme debility, accompanied by frequent sighing, moaning and dejection of mind; the temperature of the body varies, at one time it is below, at another above the natural standard—a morbid sensibility to all external impressions, a soreness and tenderness of the flesh, and a frequent desire to make water, attended by pain, are not infrequent symptoms: the head participating in this disordered state of the system, is affected with pain, fulness or heaviness; there is confusion of ideas and often delirium, but the patient, when roused, is capable of giving a rational answer; there is considerable variation of the pulse as to strength, frequency and regularity; for the most part it is of a feverish quickness; the breathing is sometimes undisturbed, sometimes anxious and laborious; the petechial or miliary eruption is occasioally observed in this, as in other varieties of fever, especially in cases distinguished by a high degree of vascular excitement.—Such are the symptoms which characterise the Enteritic Fever, symptoms which appear with increased or diminished violence

violence acording to the force of the cause applied, the extent and seat of the affection and the constitution and habits of the person attacked.

Within the last six months several cases of this kind have fallen under my care; some were caused by constipation, some by intoxication, others by fatigue and exposure to wet and cold, but the majority were produced by contagion—a few of these cases I shall now notice and in general terms only. Patrick Flood, a weaver, æt: 30—was admitted into the Cork-street Hospital on the seventh day of his illness, covered with petechiæ and complaining of a general soreness of the flesh and of pains in his head, back and loins—thirst and the ordinary symptoms of fever were present—eight ounces of blood were taken from the arm, and a cathartic was exhibited—the pain of the head, back, &c. were relieved, but on the day following he complained, for the first time, of a soreness and burning heat in the right iliac region stretching towards the umbilicus, on laying the hand npon which, he felt excessive pain—16 ounces of blood were taken from the arm, the cathartic was repeated, and the abdomen was repeatedly fomented; the blood was buffed, the medicine operated fully, and temporary relief followed; but on the ninth, the soreness and heat before complained of, amounted to acute pain—he was blooded to the extent of twenty ounces, the fomentation was renewed and the cathartic administered; considerable ease was thus procured but the disease

contiuued;

continued; blood-letting was again employed, ten ounces were taken away when deliquium animi supervened, the pain ceased, the fever vanished and the recovery was rapid. This case shews that the organ primarily diseased is not always the organ or part first complained of; it likewise shews that the true seat of fever may not be detected before the eighth day, and that blood-letting may be employed with advantage so late as on the tenth.

The second case I shall refer to is that of John Finnegan, a youth of 20, who complained of pain, soreness and burning heat in the umbilical region, on the third day of the attack, accompanied by a desire for cold drink, by weakness, sighing, anxiety, by heat of skin, frequent pulse and foul tongue, symptoms which indicated at once the seat and nature of the fever.—Two blood-lettings, each of 12 ounces, the administration of cathartics and the employment of fomentations removed the disease, two days after the admission of the patient into the hospital.

The third case is that of Mary Gaynor, æt: 31—admitted on the ninth day of her illness; there was high delirium, flushed face and suffusion of the eyes, attended by head-ach, throbbing of the temples, pains in the joints and the ordinary febrile symptoms; no complaint was made of pain, heat or soreness in any of the abdominal viscera, yet the screech and moan which followed any degree of pressure upon the umbilicus, clearly evinced

the

the presence of inflammatory action in the intestines—twelve ounces of blood were taken from the arm, the same quantity from the part affected, and an active cathartic was administered; the delirium and head-ach subsided, but the pain, soreness and distress were more sensibly felt in the umbilical and left iliac regions; the blood-letting, both general and topical, the cathartic and the fomentation were repeated on the three following days.—This patient recovered. The blood varied in the different bleedings, it was buffed, cupped, florid and dense, with a small or large proportion of yellowish serum, but when it was soft and florid, the serum inclined to a greenish hue.

In this instance the determination of blood to the brain and the irregular actions of the vessels of this organ, seem to have suspended the feeling of inflammatory action going on in the intestines, and this idea is strengthened by the circumstance that as soon as the head was relieved by the first bleeding and cathartic, the left iliac and umbilical regions were distinctly referred to as the seats of pain and distress, which, in the former stage of the complaint, had been felt only on pressure.

The dissections I have witnessed of this variety of fever, have been satisfactory and illustrative of its nature and progress.

The following are the appearances observed in a male patient, æt: 36—who died on the 14th day of his illness.

The

The brain and its meninges were sound; in the lobes of the left lung were numerous small tubercles: between the pleura pulmonalis and costalis of the same side were several adhesions apparently of long standing.—The liver was sound; the gall-bladder contained a large quantity of dark-coloured viscid bile.—The stomach was considerably distended with air; different portions of the external coats of the jejunum and ilium were inflamed and thickened; upon their internal surface were found three patches, each about the size of a shilling, in a state of mortification; the colon was sound, but distended with air; the spleen was enlarged and soft; the pancreas was of an unusually deep colour; the kidneys were sound; the bladder contained a small quantity of urine and its sides were thicker than natural.—During the first week of this patient's illness, he complained of the symptoms commonly denominated nervous or typhous; on the eighth day petechiæ made their appearance, attended by anxiety, watchfulness and low muttering delirium; on the 10th, tension of the abdomen, soreness and pain in the umbilical region, and occasional retching supervened and continued to the last hour of life.—The physician under whose care the case was placed, treated it according to the usual routine of the day, with bark, wine, mild cathartics, antimonials and saline juleps; enemas were administered, and blisters were applied upon the nape of the neck, between the shoulders and upon the legs.

In a second dissection, appearances were somewhat different from those above-mentioned.—The veins of the dura and pia mater were extremely turgid, the plexus choroides was florid and loaded with blood; two ounces of a whey-like fluid were found in the lateral ventricles; the lungs were sound, the vessels of the heart were preternaturally enlarged; the liver was dark and gorged with blood, the gall-bladder was almost empty; the duodenum was slightly inflamed; the ilium was inflamed and mortified in three different places, in each to the extent of about two inches; the colon was considerably distended with air; a large portion of the internal coat of its transverse arch was found in a state of suppuration; the bladder was shrivelled and empty, the blood-vessels round its neck were full and florid; the kidneys, spleen and pancreas were sound.—The subject of this dissection was a female, aged 19, who was admitted into Cork-street Hospital on the seventh day of her illness, and died on the 12th. The urgent symptoms at the commencement were burning heat, soreness and pain in the region of the umbilicus, dysuria, tenesmus, anxiety, watchfulness, great prostration of strength, urgent thirst and frequent retching; on the ninth the head became suddenly affected with pain, accompanied by throbbing of the temples—intolerance of light, stupor, low delirium and loss of vision supervened—death closed the scene. Blood-letting, general and topical, cathartics and fomentations had been employed, but without effect.

Here

Here is an instance of enteritic fever complicated with irregular actions of the vessels of the brain and with effusion into its ventricles; the disordered condition of either this organ or the bowels was sufficient to account for the fatal event, but that the bowels were primarily engaged there is reason to conclude, because no complaint was made of the head before the ninth day, at which period the injury sustained by the bowels was such as to render the disease incurable; indeed, from the violence of the attack, it is probable that no remedy would have availed even on the seventh, the day of her admission into the hospital—the fever, in this instance, was produced by a suppression of the menses and exposure to contagion; in the former it was the effect of intoxication and subsequent exposure to cold and wet.

In a third dissection, the brain and every viscus of the body, with the exception of the intestines and bladder, were apparently free from disease; the ilium was the only part of the bowels found inflamed and altered in structure, the internal coat of which, for several inches, bore marks of high inflammation, best known by the term erythematic: in one part, it was diminished in diameter, in another, a large portion of coagulable lymph, of a dark colour, was found lying upon its internal surface; the jejunum and ilium were considerably distended with air; in the caput coli and colon was found a large quantity of morbid

hardened

hardened matter; the bladder was empty, its sides were thickened, and the external coat of its fundus bore marks of inflammatory action.

The patient was admitted on the sixth day of fever, complaining of head-ach, præcordial oppression, soreness of the flesh and uneasiness in the abdomen; the breast and arms were covered with red-coloured petechiæ, and the bowels were constipated; the breathing was anxious, the pulse weak and frequent, the thirst urgent, and the countenance lurid. On the eighth there was watchfulness, low delirium, frequent retching and tenesmus; the fæces were covered with blood, and considerable tension and pain were felt throughout the abdomen. Death took place on the tenth. This was considered a case of putrid fever, and treated accordingly with bark, wine, &c. &c.—The cause was constipation, anxiety of mind and exposure to wet and cold; the patient was a shoemaker, æt: 41, a man of a melancholic temperament and sedentary habits.

The following authors make mention of the morbid appearances observed in the intestines of those who died of fever.

Joseph Lanzoni, in describing an epidemical disease that raged at Ferrara in 1729, took notice of some livid spots in the coats of the intestines, which appeared on opening the bodies of several persons carried off by this disease. *

Dr. Frith, speaking of the appearances on the dissection of a considerable number of persons who had

* See Morgagni, Vol. 3, page 32.

had died of the yellow fever, says, " inflammation was frequently continued to the small intestines, the duodenum was the most affected, but the jejunum and ilium also suffered a part, nay, the large intestines, by no means escaped free, for I have often found them considerably inflamed."*

Sir John Pringle, in his observations on malignant fever, states, that in one of those who died, " the large guts were corrupted, and the smaller much inflamed."†

Dr. Jackson says " the colour of the inner coat of the internal canal is like brick dust, the coat hanging loose and almost separated; sometimes this takes place uniformly through the whole tract, sometimes it is confined to particular places, or a congeries of distended blood-vessels, entangled in the mucous membrane, appear in clusters to bespangle the surface with bloody spots; the cavity is sometimes also lined or filled with black grumous blood."‡

Mr. Hooper, in his account of the sick landed from Corunna, speaking of the dissection of one of the patients, as given by Mr. Webb, says, "the whole tract of the intestinal canal, presented a highly inflamed appearance; in many parts mortification had taken place, particularly evident in the colon. The coats of the intestines were much thickened and ulcerations were found throughout. After

* See Bancroft on Fever, page 630.

† See Pringle, page 260.

‡ Jackson on Fever, page 210.

After removing them from the subject, to have a more clear examination, I found seven or eight ulcerations in the duodenum, which I never saw in any other that I opened; these became more numerous as I descended the intestinal canal, until I reached the colon, through which and the rectum they were so numerous as to present an ulcerated surface, which was here and there diversified by their opening through the colon into the abdomen."*

CARDIAC FEVER.

UNDER this title is comprehended all those cases in which the heart is primarily and chiefly engaged.

The patients who labour under Cardiac Fever describe their feelings by the terms soreness, weight, anguish, bursting, dragging and constriction about the heart; they are affected with palpitation, their breathing is hurried, often anxious, laborious and extremely rapid, and when the disease is about to terminate fatally often stertorous; their pulse is frequent, sometimes hard, sometimes weak, and often irregular and intermitting; there is great prostration of strength; the countenance is expressive of deep anxiety and much bodily suffering, and in violent cases there are convulsive twitchings of the muscles of the eyes, nose, cheeks and lips—such are the symptoms which characterise this variety of

* See Edinburgh Med. and Surg. Review for 1800, page 419

of fever: it is, moreover, accompanied by loss of appetite, foul tongue, thirst, constipated bowels, disturbed rest, head-ach, low or high delirium, increased temperature of the body, and a morbid state of the excretions—but these symptoms are common to all fevers, the mere external signs of inflammatory action, in one or more of the viscera or other parts of the body.

The causes of Cardiac Fever are numerous; it is produced by exposure to wet and cold, by intemperance in eating or drinking, long fasting, the depressing or the violent passions, and the suppression of any accustomed hemorrhage or evacuation.—It may continue six, seven, eight, ten or twenty-four days; the greater or less violence of the attack and intensity of its cause, the age, constitution and previous habits of living, the complication of this fever with other diseases, and finally, the mode of treatment adopted, will vary its duration, and should influence our prognosis; if left to the operation of the vis medicatrix naturæ, it may terminate on some one of the days called critical, by perspiration, hemorrhage, diarrhæa, or a copious flow of urine; and where the symptoms are neither very urgent nor complicated, the event may be favourable—But if the physician take the management of the distemper out of the hands of nature, he cannot expect to see it terminate on critical days, or to find it accompanied by critical evacuations, because he has broken in on the healing, or rather

distempered

distempered actions of nature—but, should he treat it on a right principle, recovery will often take place, even under circumstances apparently unpropitious.

The Cardiac, like the other varieties of fever, may be mild or violent, simple or complicated with morbid actions of the brain, the lungs, the stomach, &c.—It is frequently accompanied with the petechial and occasionally with the miliary eruption; and has various denominations, according to the fortuitous circumstances with which it may be accompanied.

The disease is inflammatory; the proper mode of treatment is obvious; it consists in the judicious employment of sedatives.

The following appearances were observed in a labourer, æt: 42, who died on the 16th day of his illness.

There was considerable turgescence of the veins of the dura and pia mater; the brain was sound; there was some congestion of the vessels of the lungs; slight adhesions were observed between the pleura pulmonalis and costalis of the left cavity; the vena coronaria was distended with blood; the right auricle and ventricle were inflamed and lined with a layer of coagulable lymph; a small spot of extravasated blood was noticed on the surface of the left ventricle; the liver was reduced in size and was paler than natural; the spleen was soft and considerably enlarged: the bladder was empty.

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In this patient, the symptoms at the onset were chilliness, languor, head-ach, and a feeling of universal soreness and tenderness of the flesh; as the disease advanced, the symptoms became more violent. On the 12th day of his illness he was admitted into the hospital, complaining of pain, burning heat and oppression in the region of the heart, of head-ach, thirst and weakness. The pulse was 116 and irregular, the breathing anxious and laborious, and the countenance dejected: on the 13th there was low delirium, hurried breathing, and faintishness on being raised to take drink: on the 14th the breathing was stertorous, and the pulse so rapid that it could scarcely be reckoned: on the 15th the swallowing became difficult, the face livid and the breathing still more hurried: on the morning of the 16th he died. Blood-letting, cathartics and fomentations were employed —they failed.—In the advanced stage of such a disease, what remedies could avail? The heart was disorganised, and from the obstruction and enfeebled actions of this organ, proceeded congestion in the lungs and in the membranes of the brain.

In the case of John Boyd, æt: 37—a servant, the appearances observed on dissection differed somewhat from those above described: the brain and its membranes were in a healthy state; there was some congestion in the vessels of the lungs; the pericardium was pulpy and rather thicker than in its natural state; it was crowded with numerous minute

vessels which contained a florid blood; in the cavity of the pericardium were found four ounces of a fluid, of a light yellow colour, which resembled the serum of the blood; the muscular substance of the heart was inflamed, and a few spots of extravasated blood were seen upon its surface; the stomach and liver were in a natural state; the gall-bladder was filled with dark-coloured viscid bile; the spleen was softer than natural and enlarged in size; the bladder was empty and flaccid.

The symptoms under which the subject of this dissection had laboured, were rigors, transient pains in the back, loins and head, urgent thirst, oppression, pain and a sense of bursting of the heart; the pulse was irregular, intermitting and very frequent, the breathing anxious, hurried and stertorous; low muttering delirium was incessant; and the neck, chest and abdomen were covered with dark-coloured petechiæ. On the seventh day of this patient's illness he was admitted into the hospital; he died on the 10th. Blood-letting was not employed; wine, aromatics, alkalis, barm, cathartics and antimonials were administered, and blisters were applied upon different parts of the body—these remedies were resorted to, on the supposition that the symptoms proceeded from debility and a putrescent tendency of the fluids: from the appearances observed on dissection it is obvious that the disease was inflammatory, and that it was seated in the heart.

I shall

I shall conclude this article with quoting some authors who speak of inflammatory appearances in the hearts of those who have died of fever.

Bonetus, speaking of a malignant fever, which was seated in the heart, says, "Vidimus sæpè in mortuis dissectis cor habuisse tanquam stipitem pituitosum, qui detractus ramos totidem haberet quot vasa á corde in pulmones pertinent: vidimus alios capsulam cordis habuisse plenam humoris in pus conversi, qui ferè ad extremum vitæ per tres dies liberati à febre visi essent.*

Doctor Davis, in his account of the appearances observed in those who died of the Walcheren fever, says, "The cavity of the pericardium was almost always filled with fluid; the pericardium sometimes adhered to the heart, and was inflamed on its inner surface; the heart was enlarged and its weight greater than natural; the coronary vein was in every instance distended with blood." †

And Pinel asserts that in the bodies of those who died of putrid fever "Le cœur étoit quelquefois très-volumineux, et renfermoit des caillots de sang noir et épais, ainsi que des concrétions polipeuses." ‡

I have already endeavoured to prove that fever consists essentially in inflammation; it is now my intention to make a few general observations on certain distinctions of fever, and on the views which are

* Anatom. Pract. Lib. iv. Sect. 1.

† Edinburgh Medical and Surgical Journal for 1810, page 245.

‡ Pinel Nosographie Philosophique, page 152.

are taken of the disorders arising from those distinctions.

The first grand division of fever is into the Intermittent and Continued—they are regarded as disorders distinct and essentially different in their nature; but, disorders which are, in this sense, distinct and different, should have a different assemblage and train of symptoms, different causes, and should require different remedies.—I do not think that if we judge by this rule, any such difference will be found to exist between continued and intermittent fever—In the first place, the same phenomena are observed in both; these are chilliness or rigors, fugitive pains, tenderness of the flesh, nausea, vomiting, heat of skin, thirst, perspiration, loss of appetite, cough, delirium, head-ach, hurried breathing, petechiæ, miliary eruption, &c.

2dly, In the fever called intermittent, there is not, properly speaking, an intermission, but a remission only, for the symptoms which constitute fever continue, though with diminished violence.—The intermittent, moreover, like the continued, is seated most commonly in one or more of the viscera; accordingly, pain or soreness, a sense of weight or uneasiness is felt and referred to the brain, the lungs, the liver, the stomach, &c. Of the various viscera so affected, the liver seems to be most frequently engaged.

3dly, In both the intermittent and continued fevers,

fevers, there are exacerbations and remissions, but in the former they are more strongly marked, and it would appear that the violence of these exacerbations in the one, and their comparative mildness in the other, have given rise to the idea of their being distinct diseases; it is true that several patients are able to crawl abroad during the intervals of these paroxysms, but, this is no proof of the absence of fever or of the intermittent being a distinct disease, for some go about labouring under the continued for a week or ten days before they are confined to bed; and others in bed, not infrequently dress and walk abroad.

4thly, In the same patient the intermittent passes into the continued, and the continued into the intermittent; and thus forming, as it were, a mutual exchange of types, these fevers would appear not to be essentially different.

5thly, The progress and termination, and the symptoms which prognosticate a favourable or unfavourable issue, are the same in both.

6thly, The remedies which prove serviceable in the continued are blood-letting, cathartics, sedatives and diluents, and these I have found equally useful in the intermittent fever.

7thly, Both fevers are produced by the same causes; this is proved by the continued and intermittent forms appearing indiscriminately in persons of similar ages, habits and pursuits, provided they be

be exposed to the same exciting causes; these are cold and wet, great bodily fatigue or mental exertion, human and marsh effluvia, night-watching, intoxication, &c. &c.—Amongst the poor of this metropolis who are often crowded together in unventilated apartments, it is not very unusual to find one in a family labouring under the fever called typhous, a second, under that named bilious, and a third, under that denominated putrid, intermittent, miliary or rheumatic, yet all were exposed to the operation of human effluvia whilst pining under the accumulated pressure of want, cold and the depressing passions. I have witnessed, moreover, in Beldoyle, Malahide and Fingal, in several families, and in the individuals of the same family, the appearance of all these varieties of fever, which apparently originated in the same cause, viz. the morbid vapours that proceed from the stagnant marshes and pools which infect that district. This fever generally prevails about the close of Summer or beginning of Autumn, when the Sun's rays operating with their full force, call into action the putrid animal and vegetable matter with which these marshes abound; I say animal and vegetable matter, because it appears to me that the former has a greater power than the latter in the production of fever of every description. And as in the generality of marshes the animal matter exceeds the vegetable not only in activity but in quantity, the intermittent,

mittent, as well as the continued form of fever, is to be principally ascribed to its operation.

It is moreover, deserving of remark, that as the continued fever, like the intermittent, is produced chiefly by animal effluvia, so the intermittent shews itself in situations where from the absence of pool and marsh no vegetable effluvia could be suspected. A memorable instance of this kind occurred about two years ago, at a seminary, not far distant from Dublin, in which about 60 students, from the age of 15 to 30, were attacked, some with the typhoid, some with the bilious, but the majority with the intermittent, chiefly of the quotidian type—in a few instances symptoms of hepatic congestion and inflammation, accompanied by a general phlogistic diathesis, were so violent as to demand the use of the lancet; and 16 of the patients were jaundiced.—The only cause to which this endemic could be ascribed, was the impure air of close and ill-ventilated apartments, the use of an unusual quantity of animal food, and the want of exercise. This statement is made on the authority of Doctor Egan, an eminent practitioner of this city, and physician to the institution.

The subdivision of the continued into fevers of different natures, seems to rest on a weaker foundation, and it leads to a practice vague and mischievous. On examination it will appear that the symptoms in all these fevers supposed distinct, are similar in their nature; and this I should hope, has

has been satisfactorily shewn in the present inquiry. Fever, it is true, is modified by its different seats and causes, and such modification gives rise to the several varieties treated of; still, however, the disease is fundamentally the same, and consequently the same principle should direct the practice.*

To the epithets employed to distinguish these different fevers some objections arise which seem deserving of notice.

The fever styled Nervous, for example, is that in which the head and nerves are supposed to be chiefly engaged, but the nature of the affection is left unexplained; the only idea annexed to it seems to be that of debility, an idea productive of error, inasmuch as it leads to the use of wine, bark, cordials and aromatics, which, according to the principles here laid down, must often prove fatal.

Fever is denominated rheumatic when the joints are swelled, red and painful, when the pulse is hard and frequent, the skin hot and dry, &c.—here the title is calculated to mislead, as it is founded on a fanciful theory respecting the nature of the disease; and hence the reason why a practice diametrically opposite is pursued by different practitioners.

The Bilious and yellow fevers are so called, because the skin and tunica conjunctiva of the eye are of a yellowish or deep yellow hue—the terms are ambiguous—

* For further information on this subject, see Rush, Pringle, Fordyce and other writers.

ambiguous—grounded on a solitary secondary symptom, it gives no idea of the seat or nature of the disorder, or of the treatment to be adopted.

The Putrid has its name from the petechiæ, or the dark-coloured blotches or patches which sometimes appear upon the surface of the body.—They are merely accidental or secondary appearances, the consequence of vascular excitement; the title putrid, therefore, is ill-founded, and, as it points to a wrong mode of practice has the effect of misleading the practitioner.

The Miliary is so called from an eruption on the skin which resembles the millet seed. This eruption is a mere fortuitous circumstance, not indicative of a fever of a peculiar kind—it appears equally in the fevers called nervous, bilious, rheumatic, putrid and puerperal, especially when treated by a heating regimen; it is sometimes accompanied by transient pains of the joints of the lower extremities. Something very mysterious and alarming is supposed to be connected with its appearance, yet as a symptom taken singly it will be found, perhaps, to be indicative of neither safety nor danger; for it is observed in the fevers just mentioned, when no fatal sign is present and when death is fast approaching; the danger, therefore, is not to be estimated from its presence or absence, but from the symptoms which attend it, delirium, stupor, pain, laborious respiration, prostration of strength,

difficult deglutition; symptoms which commonly prognosticate an unfavourable termination.

The Jail, Camp and Hospital fevers have their names from the accidental circumstance of having been observed in persons collected together in Hospitals, Tents or Prisons—terms without a signification as applied to disease.

The Puerperal fever is so styled because it attacks lying-in women—no information can be thence obtained of the character or tendency of the disorder, or of the plan of treatment to be adopted. To this variety of fever the term peritonæal may properly be applied, because it is seated in the peritonæum: like every other it is inflammatory, and from the usual violence of its symptoms and rapidity of its course, demands early and copious evacuations. The febrile symptoms are similar to those observed in the other varieties already noticed—the characteristic ones are pain, soreness, tension or fulness throughout the abdomen; the pain and soreness are considerably augmented by pressure. Nausea and vomiting are not infrequent symptoms; pain in the forehead is a very common one; prostration of strength, restlessness, anxiety and watchfulness are always present.—This disorder is connected with parturition, and in crowded and ill-ventilated apartments, becomes highly contagious. The appearances on dissection are inflammation, suppuration or gangrene of the peritonæum and often of the omentum, the meso-

colon

colon, the intestines and the mezentery; a large quantity of coagulable lymph of a yellowish or brownish colour is frequently found lying betwixt the folds of the intestines; and in the cavity of the abdomen, the same substance is found mixed with a large or a small proportion of serum.

Having now stated my sentiments on the nature, seat and treatment of fever, I shall next proceed to give in a tabular form, what will, perhaps, satisfy my readers better than any arguments I could adduce on these subjects,—the general results of my practice * in the cases treated on the plan I have ventured to recommend.

* Several Medical Gentlemen have witnessed this practice, one of these, Doctor Kearney, Physician to the Sick-poor Institution, Meath-street, has given it a trial, and the result has satisfied him of its utility; † and Doctor Leahy, Lecturer on the Theory and Practice of Medicine; and Doctor Douglas, Lecturer on the Theory and Practice of Midwifery, have spoken of it, in favourable terms, to their respective classes.

† See Doctor K's. report of the Sick-poor Institution, Meath-street, for 1812.

In the Year 1810, in the House of Recovery and Fever-hospital, Cork-street, 209 Patients were blooded—of this number there were

45	cases of Cephalic Fever,	
34	——— Hepatic,	
31	——— Pulmonic,	Died,
22	——— Enteritic,	2 of Cephalic Fever.
15	——— Gastric,	2—Pulmonic.
11	——— Cardiac,	1—Enteritic.
3	——— Peritonæal,	1—Hepatic.
5	——— Remittent,	3—Mixed Fever.
43	——— Of mixed Fever.	

Here the average proportion of deaths to recoveries was somewhat less than 1 in 23.

In St. George's Dispensary and Fever-hospital, during the last three years, I employed blood-letting in the treatment of 91 patients, of whom

18	had Cephalic Fever,	Died,
14	——Hepatic,	4 of mixed Fever.
10	——Pulmonic,	—This makes the deaths
9	——Gastric,	to the recoveries not quite
8	——Enteritic,	1 in 25.
4	——Cardiac,	
2	——Peritonæal,	
8	——Remittent,	
18	——Mixed Fever.	

From the 15th May to the 31st December 1812, 504 Patients were blooded in the House of Recovery and Fever-hospital, Cork-street.—Some Particulars respecting their Cases are noticed in the following Table.

Name and Age.	Fever.	Cause.	* Dates of blood-letting.	Quantity.	Appearance of the blood.	Effect of blood-letting.	Event.	† Day of dismissal.	Observations.
Michael Murray, æt: 35.	Pulmonic.	Contagion.	9th.	4 oz.	Sizy.	Immediate ease.	10th, Convalescence; cessation of pain.	17th.	Tendency to deliquium followed the bleeding.
Peter Kelly, æt: 30.	Hepatic.	Unknown.	20th. 22d. 23d.	6 oz. 6 ditto. 6 ditto.	Buffed. Sizy. Buffed.	Relief. No relief. Great ease.	24th, Convalescence; wish for food.	26th.	Fever, in this instance, remitted. Abscess formed in left arm.
John Doran, æt: 16.	Gastric.	Contagion.	13th.	6 oz.	Buffed.	Instant relief.	4th, Convalescence; cessation of pain; return of sleep.	21st.	Great anxiety; restlessness and frequent vomiting.
James Browne, æt: 30.	Mixed.	Intoxication; cold and moisture.	10th. 11th. 12th. 15th.	6 oz. 4 ditto. 6 ditto. 6 ditto.	Buffed. Sizy. Buffed. Soft.	Relief. No relief. Relief. Relief.	22d, Convalescence; no pain; return of appetite.	44th.	The lungs and head were affected; low delirium; petechiæ.
Patrick Mullen, æt: 19.	Cephalic.	Cold, wet, depressing passion	9th.	4 oz.	Florid & dense	Immediate ease.	10th, Convalescence; cessation of head-ach and uneasiness.	16th.	Præcordial anxiety; skin of a pungent heat.
Patrick Magee, æt: 22.	Pulmonic.	Contagion.	9th. 10th. 11th. 13th.	4 oz. 4 ditto. 4 ditto. 4 ditto.	Buffed. Sizy. Florid. Dense.	Relief. No relief. Great ease. Ease.	15th, Convalescence; cessation of pain; return of appetite.	28th.	Tongue black and furred; skin not very hot; pulse weak and frequent.
Tim Dillon, æt: 26.	Pulmonic.	Contagion and cold.	12th. 13th. 14th.	4 oz. 4 ditto. 4 ditto.	Sizy. Buffed. Buffed.	Relief. Relief. Great relief.	16th, Convalescence; wish for food.	36th.	Dark-coloured petechiæ upon the breast; expectoration gross and heavy.
James Siree, æt: 16.	Pulmonic.	Contagion.	6th.	4 oz.	Buffed.	Instant relief.	7th, Convalescence; no pain; slight cough.	17th.	Pulse 120, irregular; skin rather cool.
Mathew Siree, æt: 19.	Cephalic.	Contagion.	6th.	4 oz.	Sizy.	Immediate ease.	7th, Convalescence; cessation of head-ach; desire for food.	12th.	Petechiæ of a reddish colour upon the arms; skin of a pungent heat.
John Dunn, æt: 22.	Mixed.	Cold and wet.	6th. 7th. 8th. 11th. 13th. 19th. 20th.	6 oz. 4 ditto. 4 ditto. 4 ditto 4 ditto. 6 ditto. 4 ditto.	Sizy. Buffed. Sizy. Buffed. Ditto. Sizy. Ditto.	Relief. Slight relief. Relief. Great relief. No relief. Relief. Relief.	22d. Convalescence; cessation of pains and oppression; desire for food.	33d.	The head, lungs and heart were affected; petechiæ of a dark colour upon the breast and abdomen; remission of symptoms—type, irregular tertian.
Edward Corcoran, æt: 28.	Cephalic.	Cold, wet and want.	5th.	6 oz.	A little buffed.	Immediate ease.	6th, No head-ach; return of sleep and appetite.	12th.	Dejections fetid and dark-coloured.
Michael Donohue, æt: 24.	Pulmonic.	Wet and fatigue.	5th. 6th. 7th.	6 oz. 6 ditto. 4 ditto.	Buffed. Ditto. Sizy.	Relief. Relief. Great relief.	8th, Convalescence; cessation of pain; wish for food.	20th.	Violent throbbing of the temples and intolerance of light.
Richard Barry, æt: 30.	Mixed.	Cold, wet and depressing passions.	5th. 6th. 7th.	6 oz. 6 ditto. 4 ditto.	Sizy. Buffed. Ditto.	Relief. No relief. Great relief.	8th, Convalescence; wish for food.	14th.	A case of relapse—head and bowels affected.
Wm. Cole, æt: 7.	Enteritic.	Constipation.	11th.	4 oz.	Buffed.	Instant ease.	12th, Convalescence; wish for food	22d.	Petechiæ reddish on the breast.
Michael Jennison, æt: 19.	Hepatic.	Over-exercise and intoxication.	21st. 22d. 23d.	6 oz. 6 ditto. 6 ditto.	Buffed Ditto. Ditto.	Relief. No relief. No relief.	24th, Convalescence; cessation of pain and distress.	40th.	Blood streaked with yellow [illegible] dark, fetid and streaked with blood.
George O'Brien, æt: 21.	Cephalic.	Cold, want and contagion	6th.	6 oz.	Buffed.	Immediate ease.	7th, Convalescence; skin moist; relief from pain.	23d.	A case of relapse—extreme debility.
William Mulligan, æt: 22.	Cephalic.	Fatigue, cold and wet.	8th.	6 oz.	Buffed.	Relief.	9th, Convalescence; cessation of head-ach and delirium.	31st.	In a fit of delirium this patient took off the bandage; 30 oz. blood thus lost.
Thomas Barclay, æt: 45.	Cephalic.	Unknown.	15th.	6 oz.	Buffed.	Immediate ease.	16th, Convalescence; return of sleep and appetite.	33d.	Tendency to deliquium after the bleeding.
A. Kearney, æt: 4.	Cephalic.	Contagion.	14th.	4 oz.	Sizy.	Relief.	15th, Convalescence; wish for food	32d.	
James Kearney, æt: 36.	Enteritic.	Contagion.	15th. 16th. 17th. 19th.	6 oz. 4 ditto. 6 ditto. 4 ditto.	Buffed. Sizy. Buffed. Ditto.	Relief. No effect. Relief. Relief.	20th, Convalescence; desire for food.	44th.	Perspiration on the 16th and 17th, but not critical; petechiæ; remission of symptoms; irregular quotidian.
Jane Byrne, æt: 30.	Cephalic.	Cold, wet and intoxication.	15th. 16th. 18th.	4 oz. 6 ditto. 4 ditto.	Sizy. Ditto. Buffed	Relief. No relief. Relief.	21st, Convalescence; return of sleep.	32d.	Petechiæ; pulse slow.
Mary Kenna, æt: 15.	Gastric.	Contagion.	20th. 21st. 22d.	6 oz. 4 ditto. 4 ditto.	Sizy. Ditto. Ditto.	Relief. Ditto. Great relief.	23d, Convalescence; perspiration; desire for food.		Skin of a pungent heat; pulse frequent and feeble.
Ann Francis, æt: 14.	Pulmonic.	Cold, fatigue and wet.	12th. 13th.	6 oz. 8 ditto.	Buffed. Ditto.	Relief. Ditto.	14th, Convalescence; cessation of pain; diminution of cough.		Petechiæ; slight hemoptysis.
William Irwin, æt: 19.	Pulmonic.	Unknown.	6th. 7th.	8 oz. 6 ditto.	Buffed. Sizy.	Little effect. Great relief.	8th, Convalescence.	15th.	Pulse weak and frequent: breathing hurried.
Richard Hogan, æt: 21.	Cephalic.	Contagion.	8th. 9th.	6 oz. 6 ditto.	Dense. Ditto.	Relief. Ditto.	10th, Convalescence.	29th.	Faintishness on tying the arm; relief followed.
John Siree, æt: 50.	Mixed.	Contagion.	8th. 9th.	6 oz. 4 ditto.	Buffed. Ditto.	Relief. Ditto.	10th, Convalescence.	19th.	Head and lungs affected; great debility.
Hugh Siree, æt: 18.	Cephalic.	Contagion.	6th. 7th. 8th.	6 oz. 6 ditto. 6 ditto.	Sizy. Ditto. Ditto.	Ease. Ditto. Great ease.	8th, Convalescence; skin moist; cessation of head-ach.	21st.	Petechiæ present; extreme debility.
John Graham, æt: 43.	Mixed.	Fatigue, cold and wet.	8th. 9th.	6 oz. 6 ditto.	Buffed Ditto.	No relief. Great relief	10th, Convalescence; cessation of pains and anxiety.	29th.	Head and liver affected; epistaxis; petechiæ; pulse slow.
Catherine Halloway, æt: 24.	Hepatic.	Contagion.	6th. 7th. 8th. 9th.	4 oz. 6 ditto. 6 ditto. 6 ditto.	Buffed Sizy. Buffed. Ditto.	Relief. Ditto. No relief. Great relief.	10th, Convalescence; desire for food.		Local blood-letting employed; petechiæ; fæces and urine unusually morbid; dark grumous blood passed by the bowels.

* The dates of blood-letting refer to the days of Fever, reckoning from its commencement, and the Patients were blooded on the day of admission unless when brought in after the visiting hour, in which case they were blooded on the day following.

† The days of dismissal are also computed from the days on which Fever commenced.

May.

June.

Name and Age.	Fever.	Cause.	Dates of blood-letting.	Quantity.	Appearance of the blood.	Effect of blood-letting.	Event.	Day of dismissal.	Observations.
Ann Baker, æt: 19.	Cardiac.	Contagion.	6th. 7th. 8th.	4 oz. 6 ditto. 6 ditto.	Buffed. Sizy. Soft.	No effec. Relief. Great relief.	10th, Convalescence; desire for food.	28th.	Catamenia present; Miliary eruption.
Harriet Norris, æt: 27.	Cephalic.	Contagion.	15th. 16th. 17th.	6 oz. 4 ditto. 4 ditto.	Sizy. Ditto. Buffed.	Relief. No relief. Relief.	18th, Convalescence; perspiration; sleep.	29th.	Delirium; petechiæ—head-ach felt only after the second bleeding.
James Hickey, æt: 41.	Hepatic.	Violent exercise.	8th.	6 oz.	Buffed.	Relief.	9th, Convalescence; cessation of pain.	18th.	Vomiting of a greenish matter; dejections tar-like.
Thomas Barclay, æt: 34.	Cephalic.	Cold and want	8th.	4 oz.	Sizy.	Relief.	9th, Convalescence; skin moist; wish for food.	17th.	Low delirium; pain of head not complained of till after the bleeding.
Michael Pluck, æt: 26.	Enteritic.	Cold and fatigue.	6th. 7th. 8th. 9th.	6 oz. 6 ditto. 8 ditto. 6 ditto.	Sizy. Buffed. Ditto. Soft.	Relief. No relief. Relief. Great relief.	10th, Convalescence; cessation of pain.	24th.	Stupor; petechiæ; pulse 140, feeble—case of relapse.
Laurence Lowry, æt: 22.	Cephalic.	Intoxication.	8th. 9th. 10th.	6 oz. 4 ditto. 6 ditto.	Sizy. Ditto. Buffed.	Relief. Ditto. No relief.	11th, Convalescence.	40th.	Cough; dark-coloured petechiæ.
Esther Coleman, æt: 28.	Enteritic.	Contagion.	15th. 16th.	4 oz. 6 ditto.	Sizy. Ditto.	Relief. Ditto.	17th, Convalescence.	29th.	Case of relapse.
Garret Naerns, æt: 50.	Cardiac.	Fatigue.	10th. 11th.	6 oz. 6 ditto.	Buffed. Sizy.	Little ease. Great ease.	12th, Convalescence; sleep and appetite.	18th.	Præcordial oppression and palpitation.
John Kelsh, æt: 40.	Cephalic.	Contagion.	13th.	6 oz.	Sizy.	Relief.	14th, Convalescence; cessation of pain.	32d.	Faintishness after the bleeding.
——— Sye, æt:	Mixed.	Want; depressing passions.	8th. 9th. 10th.	6 oz. 6 ditto. 4 ditto.	Buffed. Sizy. Ditto.	No relief. Great relief. Relief.	11th, Convalescence; return of sleep and appetite.	30th.	Head and heart affected; petechiæ.
John Theamer, æt: 62.	Pulmonic.	Contagion.	20th. 21st.	6 oz. 6 ditto.	Sizy. Buffed.	No relief. Relief.	24th, Convalescence; no pain; less cough.	33d.	Delirium; petechiæ.
Patrick Bulger, æt: 36.	Gastric.	Intoxication.	22d. 23d.	6 oz. 8 ditto.	Dense. Buffed.	No relief. Relief.	24th, Convalescence; cessation of pain.	34th.	No vomiting nor pain in stomach till the 18th.
William Talbot, æt; 16.	Hepatic.	Contagion.	6th. 7th. 8th. 9th. 10th.	6 oz. 6 ditto. 4 ditto. 6 ditto. 6 ditto.	Sizy. Ditto. Buffed. Sizy. Ditto.	Relief. No relief. Relief. No relief. Great relief	11th, Convalescence; return of sleep and appetite.	22d.	Local bleeding employed on the eighth; Cynanche Tonsillaris; pulse irregular.
Peter Carroll,	Pulmonic.	Hard labour.	4th. 5th.	4 oz. 6 ditto.	Buffed Sizy.	Relief. Ditto.	6th, Convalescence; wish for food.	13th.	Case of relapse.
—— Egan, æt: 24.	Ulcerated & inflamed fauces.	Contagion.	6th. 7th. 8th.	6 oz. 4 ditto. 4 ditto.	Sizy. Ditto. Buffed.	Relief. No effect. Great relief.	9th, Convalescence; cessation of pain and soreness; sleep and appetite.	17th.	Petechiæ; pulse feeble.
John Brown, æt: 20.	Hepatic.	Cold and wet.	12th. 13th. 15th.	6 oz. 8 ditto. 6 ditto.	Buffed. Sizy. Ditto.	Relief. No relief. Relief.	20th, Convalescence.	27th.	Skin cool; pulse frequent; miliary eruption.
William Hughes, æt; 52.	Hepatic.	Unknown.	21st. 22d.	6 oz. 6 ditto.	Sizy. Ditto.	Relief. Ditto.	23d, Convalescence.	33d.	Delirium after convalescence.
William Mulligan, æt: 16.	Cephalic.	Contagion.	3d.	6 oz.	Buffed.	Instant relief.	4th, Convalescence.	16th.	Case of relapse; petechiæ.
William Larkin, æt: 52.	Cephalic.	Cold.	5th. 6th. 7th.	6 oz. 4 ditto. 6 ditto.	Buffed. Sizy. Buffed.	Relief. No relief. Relief.	8th, Convalescence; no pain.	23d.	Case of relapse.
John Mansfield, æt: 23.	Cephalic.	Contagion.	8th. 9th.	4 oz, 6 ditto.	Sizy. Ditto.	Instant ease. Relief.	10th, Convalescence; return of sleep.	24th.	Pulse slow.
P. Cooper, æt: 34.	Cardiac.	Cold and wet.	8th.	6 oz.	Sizy.	Relief.	9th, Convalescence.	16th.	Faintishness after the bleeding.
Wat Costulo, æt: 12.	Rubeola or Cuticular.		6th. 8th.	6 oz. 6 ditto.	Sizy. Ditto.	Relief. Relief.	9th, Convalescence.	21st.	Faintishness after the second bleeding.
Thomas Hussey, æt: 71.	Cephalic.	Contagion.	6th. 7th. 8th.	6 oz. 6 ditto. 4 ditto.	Buffed. Ditto. Dense.	Relief. Ditto. Ditto.	9th, Convalescence.	26th.	Head-ach not felt till after the second bleeding.
Robert Dent, æt: 42.	Cephalic.	Anxiety and want.	8th. 9th.	6 oz, 6 ditto.	Buffed. Sizy.	Little relief. Great relief.	10th, Convalescence; return of sleep.	33d.	Petechiæ; debility.
Thomas Healy, æt: 37.	Mixed.	Contagion.	8th. 9th.	6 oz. 6 ditto.	Dense. Sizy.	Relief. Ditto.	10th, Convalescence; wish for food.	20th.	Head and lungs affected; delirium ferox.
John Murphy, æt: 22.	Cephalic.	Cold and wet.	8th. 9th.	6 oz. 6 ditto	Soft. Sizy.	No relief. Great relief.	10th, Convalescence; skin moist; no pain.	19th.	Petechiæ; pulse 140, feeble.
James Brady, æt: 56.	Cephalic.	Fatigue and want.	3d.	4 oz.	Sizy.	Immediate relief.	4th, Convalescence.	8th.	Faintishness after the bleeding.
B. Parsons, æt: 19.	Cephalic.	Contagion.	4th.	4 oz.	Buffed.	Relief.	5th, Convalescence; no pain.	11th.	Lateritious sediment in the urine.
James Haslen, æt: 46.	Mixed.	Unknown.	6th. 7th. 8th. 9th.	6 oz. 6 ditto. 6 ditto. 6 ditto.	Sizy. Ditto. Ditto. Buffed.	Relief. Little effect. Relief. Ditto.	10th, Convalescence; freedom from pain and distress.	20th.	Head and heart affected; pulse irregular in strength and frequency.
John Purcell, æt: 21.	Cephalic.	Contagion.	6th. 7th. 8th.	6 oz. 4 ditto. 4 ditto	Sizy. Ditto. Ditto.	Relief. Ditto. Ditto.	9th, Convalescence.	40th.	Delirium; pain of head first felt after the second bleeding.
Matthew Donoghue æt: 34.	Hepatic.	Intoxication and cold.	7th. 8th. 9th.	6 oz. 6 ditto. 6 ditto.	Buffed. Sizy. Buffed.	No effect. Relief. Ditto.	10th, Convalescence.	15th.	Skin yellow; blood yellowish; hiccup—fæces tar-like.
Patrick Byrne, æt: 19.	Cardiac.	Constipation.	6th. 7th.	6 oz. 6 ditto.	Sizy. Ditto.	Relief. No relief.	8th, Convalescence; desire for food.	12th.	Miliary eruption; præcordial oppression.
John Murphy, æt: 14.	Pulmonic.	Contagion.	14th.	8 oz.	Buffed.	Relief.	15th, Convalescence; perspiration.	21st.	Faintishness after the bleeding.

Name and Age.	Fever.	Cause.	Dates of blood-letting.	Quantity.	Appearance of the Blood.	Effect of blood-letting.	Event.	Day of dismissal.	Observations.
Martin Gleeson, æt: 24.	Gastric.	A draft of cold water when warm.	8th. 9th. 10th. 11th.	6 oz. 6 ditto. 6 ditto. 6 ditto.	Sizy. Ditto. Ditto. Ditto.	Little ease. No ease. Relief. Relief.	12th, Convalescence; no pain nor vomiting.	20th.	Great anxiety—pain in the stomach not felt till after the second bleeding.
Hugh Oulahan, æt: 21.	Cephalic.	Excessive labour.	8th.	6 oz.	Sizy.	Relief.	9th, Convalescence; cessation of pain.	13th.	Tremor of the hands—petechiæ.
Tim. Byrne, æt: 17.	Gastric.	Not known.	6th.	4 oz.	Buffed.	Instant ease.	7th, Convalescence; cessation of pain.	25th.	Case of relapse.
Geo. Appleyard, æt: 12.	Pulmonic.	Contagion.	5th.	4 oz.	Sizy.	Relief.	6th, Convalescence; perspiration.	13th.	Petechiæ.
Patrick Finney, æt: 35.	Pulmonic.	Intoxication and fatigue.	5th. 6th.	6 oz. 6 ditto.	Buffed. Ditto.	Relief. Relief.	7th, Convalescence; desire for food.	14th.	Rapid pulse—moist cool skin.
Michael Sheridan, æt: 35.	Mixed.	Not known.	7th. 8th.	6 oz. 6 ditto.	Buffed. Ditto.	Relief. No relief.	10th, Convalescence; no pain nor distress.	15th.	Head and lungs affected—hemoptysis.
William M'Ilrey, æt: 13.	Cephalic.	A blow.	8th. 9th.	4 oz. 6 ditto.	Dense. Ditto.	Little ease. Relief.	10th, Convalescence; no head-ach.	25th.	Petechiæ.
Geo. Mansfield, æt: 36.	Cephalic.	Unknown.	3d.	4 oz.	Sizy.	Relief.	4th, Convalescence.	18th.	A case of relapse—low delirium.
Richard Flannigan, æt: 11.	Gastric.	Contagion.	9th.	6 oz.	Soft.	Relief.	10th, Convalescence; perspiration.	23d.	Faintishness after the bleeding.
William Toole, æt: 9.	Cephalic.	Contagion.	6th. 7th.	3 oz. 3 ditto.	Sizy. Soft.	Relief. Relief.	8th, Convalescence; desire for food.	18th.	Second attack of fever.
John Kelly, æt: 9.	Cephalic.	Want and anxiety of mind.	5th. 6th. 7th.	4 oz. 4 ditto. 4 ditto.	Sizy. Ditto. Soft.	Relief. No relief. Relief.	8th, Convalescence; no pain.	26th.	Pulse feeble and frequent– petechiæ.
James Casey, æt: 10.	Enteritic.	Contagion.	5th.	3 oz.	Sizy.	Relief.	6th, Convalescence; return of sleep.	16th.	Deliquium animi on bleeding.
James Boylan, æt: 17.	Cephalic.	Cold & wet.	5th.	4 oz.	Soft.	Instant relief	6th, Convalescence.	28th.	Sense of splitting in the head.
Edward Burke, æt: 40.	Cephalic	Unknown	10th.	4 oz.	Sizy.	Relief.	12th, Convalescence; no head-ach.	31st.	White miliary eruption.
Pat. Hughes, æt: 24.	Mixed.	Intoxication; anxiety of mind.	6th. 7th. 8th. 10th. 11th.	6 oz. 4 ditto. 4 ditto. 6 ditto. 6 ditto.	Sizy. Soft. Sizy. Soft. Buffed.	Relief. No relief. Relief. Relief. Relief.	16th, Convalescence; cessation of pain and distress; desire for food.	32d.	Liver and bowels affected—greenish fæces; delirium.
John Balf, æt: 50.	Cephalic.	Fatigue	8th. 9th. 10th. 11th.	6 oz. 4 ditto. 6 ditto. 4 ditto.	Sizy. Ditto. Soft. Sizy.	No relief. Relief. Slight relief. Relief.	12th, Convalescence; return of sleep.	33d.	In the second bleeding the blood was blackish.
John Campbell, æ: 52.	Cephalic.	Concentrated contagion.	8th. 9th.	6 oz. 6 ditto.	Buffed. Sizy.	No effect. No effect.	10th, Died convulsed.		Delirium ferox; neck, face and chest livid and swoln.
Patrick Jenkins, æt: 8.	Enteritic.	Contagion.	10th.	4 oz.	Dense.	Immediate ease.	11th, Convalescence; return of appetite.	21st.	Fæces greenish—petechiæ.
William Hayden, æt: 49.	Mixed.	Concentrated contagion.	8th. 9th. 11th. 12th.	6 oz. 4 ditto. 6 ditto. 6 ditto.	Sizy. Soft. Sizy. Ditto.	Relief. Relief. Relief. Relief.	14th, Convalescence; return of sleep and appetite.	39th.	Dark coloured petechiæ; head and lungs affected—pulse irregular.
Terence Byrne, æt: 24.	Enteritic.	Constipation.	5th. 6th.	6 oz. 8 ditto.	Sizy. Ditto.	Relief. Relief.	7th, Convalescence.	15th.	Skin of a pungent heat.
James Maxwell, æt: 24.	Cephalic.	Contagion	3d. 6th.	6 oz. 6 ditto.	Sizy. Ditto.	Relief. Relief.	8th, Convalescence.	15th.	Remission of head-ach—irregular quotidian.
John Quin, æt: 25.	Cephalic.	Cold, wet, and anxiety.	12th. 13th. 15th.	4 oz. 4 ditto. 6 ditto.	Sizy. Ditto. Ditto.	Relief. Relief. Relief.	16th, Convalescence.	22d.	Remittent—irregular tertian.
Peter Malone, æt: 25.	Cephalic.	Contagion.	7th.	6 oz.	Sizy.	Instant ease.	8th, Convalescence.	23d.	Pains in teeth, jaws and neck.
John Fealy, æt: 12.	Mixed.	Cold and contagion.	8th. 9th.	4 oz. 4 ditto.	Dense. Ditto.	No ease. Relief.	10th, Convalescence; cessation of pain and distress.	14th.	Blood dark—coloured—head and heart affected.
William Hughes, æt: 34.	Enteritic.	Contagion.	11th.	6 oz.	Sizy.	Immediate relief.	14th, Convalescence; return of sleep.	34th.	Petechiæ.
John Dempsey, æt. 25.	Cephalic.	Unknown	7th. 8th.	4 oz. 6 ditto.	Buffed. Sizy.	No Relief. Great relief.	9th, Convalescence; perspiration.	19th.	Skin cool; pulse 118.
Bernard M'Nally, æt: 50.	Cephalic.	Cold and anxiety.	7th. 8th.	4 oz. 6 ditto.	Buffed. Sizy.	No relief. Relief.	9th, Convalescence; wish for food.	19th.	Petechiæ, pulse 136.
Edward Huff, æt: 16,	Mixed.	Cold & wet	9th. 10th. 11th.	4 oz. 4 ditto. 6 ditto.	Dense. Ditto. Ditto.	No effect. Relief. Great relief.	12th, Convalescence; desire for food.	33d.	Blood dark—coloured—petechiæ—head and stomach affected.
Mich. Cunningham, æt: 17.	Enteritic.	Fatigue and cold.	6th.	6 oz.	Sizy.	Immediate ease.	7th, Convalescence; return of sleep.	14th.	Fæces greenish; pulse 140, feeble.
Andrew Fitzgerald, æt: 26.	Cephalic.	Contagion.	8th, 9th, 10th, 11th, 12th, and 14th.	4 oz. each.	Sizy and Buffed.	Relief.	16th, Convalescence; perspiration.	31st.	Petechiæ dark—coloured—excretions invol.—pulse varying.
Francis Barrett, æt: 30.	Cephalic.	Contagion.	5th.	4 oz.	Sizy.	Relief.	6th, Convalescence; cessation of head-ach.	17th.	Skin cool, pulse 110.

June.

July.

Name and Age.	Fever.	Cause.	Dates of blood-letting.	Quantity.	Appearance of the Blood.	Effect of blood-letting	Event.	Day of dismissal.	Observations.
William Hanby. æt: 20.	Cephalic.	Cold and Fatigue.	10th. 11th. 12th. and 13th.	} oz. each. }	Sizy and Buffed.	Relief and No relief.	14th, Convalescence; freedom from pain.	33d.	Petechiæ—hiccup; extreme debility.
George Murphy, æt: 25.	Hepatic	Contagion.	9th. 10th.	6 oz. 6 ditto,	Sizy. Ditto.	Relief. Relief.	14th, Convalescence.	54th.	Skin and tongue yellowish.—Remittent, irregular quotidian.
John Keogh, æt: 45.	Hepatic.	Cold, Intoxication	20th, 22d, 23d,	6 oz. each	Buffed.	Relief.	24th, Convalescence,	33d.	Remittent—skin and eye yellowish. Dark grumous blood passed by the bowels.
Matthew M'Quirk æt: 23.	Cephalic.	Fatigue and Cold	8th. 9th,	4 oz. 4 ditto.	Sizy, ditto.	Relief.	10th, Convalescence; cessation of head-ach.		Skin red and of a pungent heat. Petechiæ scarlet-coloured.
John Rorke, æt:	Cephalic.	Contagion.	3d. 4th.	4 oz. 4 ditto.	Buffed. Ditto.	Relief.	6th, Convalescence.	29th.	Acute head-ach—epistaxis—case of relapse.
James Henrick, æt: 6.	Cephalic.	Contagion.	14th.	6 oz.	Sizy.	Relief.	15th, Convalescence; desire for food.	23d.	Pulse low—skin hot.
Redmond Burke, æt: 13.	Cephalic.	Contagion.	4th. 5th.	4 oz. 4 ditto.	Sizy. Ditto.	Great relief. Ditto.	6th, Convalescence.	19th.	Epistaxis—blood blackish.
Walter Costello, æt: 18.	Cephalic.	Contagion.	5th.	4 oz.	Buffed.	Relief.	6th, Convalescence; cessation of head-ach.	18th.	Case of relapse; tendency to deliquium after the bleeding.
John Doolan, æt: 23.	Pulmonic.	Cold and Fatigue.	9th.	6 oz.	Buffed.	Immediate ease.	10th, Convalescence; no pain.	18th.	Pulse 120.—Ur: loaded.
Edward Hannan, æt; 28.	Cephalic.	Unknown	8th.	4 oz.	Buffed.	Immediate ease.	9th, Convalescence.	14th.	Skin of a pungent heat; tongue parched.
Richard Lynch, æt; 32.	Cephalic, remittent.	Fatigue anxiety	21st. 22d. 23d.	4 oz. 4 ditto. 6 ditto.	Dense. Sizy. Ditto.	Relief. Relief. Relief.	24th, Convalescence; cessation of head-ach.	34th.	Blood blackish—delirium.
James Cummins æt; 18.	Cephalic, remittent.	Contagion	8th. 9th. 10th. 11th. 13th.	4 oz. 4 ditto. 4 ditto. 4 ditto. 4 ditto.	Sizy. Ditto. Ditto. Buffed. Ditto.	Relief, Relief. No relief. Relief. Relief.	14th, Convalescence; no pain nor uneasiness.	31st.	Delirium—petechiæ; anxiety; Pulse irregular, in strength and frequency.
William Kingham, æt; 14.	Enteritic.	Constipation	7th.	6 oz.	Sizy.	Relief.	9th, Convalescence; desire for food.	14th.	Fæces greenish.—Ur: loaded.
Nicholas Burton, æt; 26.	Pulmonic.	Cold & wet.	5th. 6th. 7th.	6 oz. 4 ditto. 6 ditto.	Sizy. Ditto. Buffed.	Relief.	8th, Convalescence; relief from pain.	17th.	Skin cool; pulse 110.
William Hughes, æt: 52.	Muscular	Cold & wet.	6th.	6 oz.	Sizy.	Relief.	8th, Convalescence; no pain.	23d.	Pains in the muscles of the back and breast.
Peter Jones, æt: 40.	Cephalic.	Contagion.	10th. 11th.	4 oz. 4 ditto.	Sizy. Ditto.	Relief. Ditto.	12th, Convalescence.	27th.	Dark-coloured petechiæ; fæces greenish.
John Brophy, æt: 16.	Cephalic.	Contagion.	7th. 8th.	4 oz. 4 ditto.	Sizy. Ditto.	Great relief. Relief.	9th, Convalescence; sleep.	21st.	Slept after each bleeding.
Philip Nowlan, æt: 50.	Mixed.	Unknown	6th. 7th.	4 oz. 6 ditto.	Sizy. Ditto.	Relief. Ditto.	8th, Convalescence.	26th.	Head and lungs affected, pulse slow.
John Thompson, æt; 37.	Hepatic and Cephalic.	Intoxication; Cold	8th. 9th. 10th. 11th. 13th, 14th.	6 oz. 6 ditto. 6 ditto. 6 ditto. 6 ditto. 6 ditto.	Buffed. Ditto. Sizy. Ditto. Buffed. Ditto.	Relief. No relief. Great relief.	16th, Convalescence; cessation of pains; return of sleep and appetite.	27th.	Remittent; local blood-letting employed—petechiæ; fæces streaked with blood.
Robert White, æt: 24.	Gastric.	Contagion.	7th. 8th.	4 oz. 4 ditto.	Sizy. Ditto.	Relief. Ditto.	9th, Convalescence.	26th.	Pulse feeble—petechiæ.
John Cronin, æt: 28.	Hepatic.	Cold and Fatigue	7th. 8th.	6 oz. 6 ditto.	Dense. Ditto.	Ease, Ditto.	9th, Convalescence; no pain.	14th.	Petechiæ; skin and eye yellowish.
John Murphy, æt: 31.	Hepatic.	Cold and anxiety.	12th. 13th.	6 oz. 6 ditto.	Sizy. Ditto.	Relief.	15th, Convalescence; no pain.	30th.	Local blood-letting employed—skin cool; Pulse unequal
Patrick Murphy, æt: 25.	Pulmonic.	Cold and anxiety.	10th. 11th.	6 oz. 4 ditto.	Sizy. Ditto.	Great relief. Relief.	12th, Convalescence; cessation of pain; desire for food.	24th.	Skin rather cool—pulse 120.
Edward Linch, æt; 19.	Cephalic.	Contagion.	8th.	4 oz.	Sizy.	Immediate ease.	9th, Convalescence; relief from head-ach.	20th.	Skin very hot—pulse 80.
William Murray, æt: 24.	Cephalic.	Intoxication.	6th. 7th.	3 oz. 3 ditto.	Buffed. Sizy.	Relief.	Sent to the house for Lunatics, where he recovered.		Delirium ferox—pulse slow; suppression of urine.
James Blair, æt. 18.	Peritonæal.	Cold, & wet.	6th. 7th.	3 oz. 10 do.	Dense. Buffed.	Relief. Great relief.	8th, Convalescence.	17th.	Great anxiety; frequent vomiting.
Christopher Mealy, æt: 11.	Cephalic.	Contagion.	6th. 7th.	4 oz. 4 ditto.	Sizy. Ditto.	Great ease. Relief.	8th, Convalescence; cessation of pain.	41st.	Skin hot and dry—pulse 124.
William Pheely, æt: 6,	Variola or Cuticular Fever.		6th. 8th. 10th.	3 oz. 4 ditto. 3 ditto.	Sizy. Buffed. Sizy.	Relief. Relief.	14th, Convalescence.	40th.	Fæces greenish—petechiæ.
James Caffry, æt: 30.	Cephalic.	Contagion.	5th. 6th.	3 oz. 4 ditto.	Sizy. Ditto.	Relief. Relief.	7th, Convalescence; cessation of pain.	38th.	Petechiæ. Ur: loaded.
Robert Porteus, æt: 24.	Enteritic.	Cold & wet,	7th. 8th. 9th. 10th. 11th,	1 oz. 4 ditto. 6 ditto. 6 ditto. 6 ditto.	Sizy. Buffed. Sizy. Ditto. Ditto.	Relief. Ditto. Ditto. No effect. Relief.	12th, A temporary convalescence, died 8 days afterwards, apparently of mortification in the bowels.		Petechiæ; fæces green—pulse 112. If blood-letting had been early and more fully employed, might it not have saved the life of this patient?
Mary Byrne, æt: 9.	Cephalic and Gastric.	Contagion.	5th. 6th. 7th. 9th.	4 oz. 4 ditto. 4 ditto. 4 ditto	Sizy. Ditto. Ditto. Ditto.	Relief. Relief. Ditto. Ditto.	10th, Convalescence; cessation of head-ach.	16th.	Pulse 140—skin very hot.

Name and Age.	Fever.	Cause.	Dates of blood-letting.	Quantity.	Appearance of the Blood.	Effect of blood-letting.	Event.	Day of dismissal.	Observations.
Nurse Devoust, æt: 34.	Enteritic.	Contagion.	4th. 5th. 6th. 8th.	10 oz. 10 do. 12 do. 10 do.	Buffed. Sizy. Soft. Buffed.	Relief. No effect. Relief. Great relief.	12th, Convalescence; pains removed.	6th.	Hysteria—fæces black and fetid.
Andrew Neale, æt: 9.	Enteritic.	Contagion.	5th. 6th.	4 oz. 3 ditto.	Sizy. Soft.	Relief. Great ease.	8th, Convalescence.	13th.	Petechiæ; dejections fetid.
John Gibbon, æt: 10.	Cephalic.	Contagion.	6th. 9th.	3 oz. 3 ditto.	Sizy. Ditto.	Relief.	14th, Convalescence—return of sleep and appetite.	28th.	No pain, yet delirium and deafness.
Patrick Gibbon æt: 13.	Enteritic.	Contagion.	9th.	4 oz.	Dense.	Relief.	10th, Convalescence—appetite.	29th.	Petechiæ—fæces greenish.
Mary Gannon, æt: 35.	Cephalic.	Sea-beathing.	7th. 8th. 10th.	4 oz. 4 ditto. 4 ditto.	Sizy. Buffed. Ditto.	Relief. No effect. Relief.	12th, Convalescence; desire for food.	24th.	White miliary eruption—great anxiety—emaciation.
Edward Cullen, æt: 34.	Pulmonic.	Fatigue.	6th. 7th.	10 oz. 10 do.	Buffed. Ditto.	Relief. Ditto.	8th, Convalescence; no pain.	13th.	Petechiæ—pulse irregular.
John Power, æt: 6.	Cephalic.	Contagion.	8th.	3 oz.	Sizy.	Ease.	10th, Convalescence; no pain.	28th.	Petechiæ—pulse slow.
Patrick Byrne, æt: 31.	Pulmonic.	Cold.	15th.	6 oz.	Sizy.	Ease.	16th, Convalescence; expectoration of a purulent appearance.	36th.	Skin of a pungent heat.
John Early, æt: 32.	Pulmonic.	Cold and Fatigue.	8th. 9th. 10th.	6 oz. 6 ditto. 6 ditto.	Dense. Ditto. Ditto.	No effect. Relief. Relief.	12th, Convalescence; cessation of pain.	29th.	Serum dark coloured—emaciation.
Daniel Kirwan, æt:	Pulmonic.	Contagion.	6th.	6 oz.	Sizy.	Immediate ease.	7th, Convalescence.	23d.	Pulse irregular and intermitting.
Peter Flanigan, æt: 7,	Enteritic.	Contagion.	9th. 10th.	4 oz. 4 ditto.	Sizy. Buffed.	Relief. Ditto.	Died convulsed, on the 11th—pupils dilated and insensible to the stimulus of light—blackness in the umbilical region.		Stupor—head-ach—pulse full and frequent
James O'Neill, æt: 21.	Cardiac.	Unknown.	11th.	6 oz.	Buffed.	Relief.	12th, Convalescence.	18th.	Deliquium animi—palpitation.
Henry Byrne, æt: 8.	Cephalic.	Contagion.	8th.	4 oz.	Sizy.	Relief.	9th, Convalescence; no pain.	16th.	Skin cool—pulse 106.
Ann M'Kinley, æt: 21.	Pulmonic remittent.	Contagion.	10th. 12th. 14th.	4 oz. 6 ditto. 6 ditto.	Soft. Sizy. Ditto.	Relief. Ditto. Ditto.	16th, Convalescence.	30th.	Pulse irregular—irregular tertian.
Mary Lawless, æt: 34.	Gastric. remittent.	Cold and Fatigue.	10th. 11th. 13th.	6 oz. 12 do. 8 ditto.	Highly buffed. Buffed. Sizy.	Relief. No effect. Relief.	14th, Convalescence; cessation of pain, vomiting and anxiety.	19th.	Faintishness—spasms of the lower extremities—3d relapse—great emaciation and debility.
Mary Burke, æt:	Pulmonic.	Fatigue	5th.	6 oz.	Sizy.	Relief.	6th, Convalescence.	19th.	Pulse very slow.
James Segriff, æt: 34.	Cardiac.	Violent exercise.	10th. 11th.	6 oz. 6 ditto.	Buffed. Sizy.	Relief. Great relief.	12th, Convalescence; wish for food.	15th.	Præcordial anxiety.
Patrick Lawless, æt: 15.	Cephalic.	Unknown.	8th.	3 oz.	Sizy.	Relief.	9th, Convalescence; return of sleep and appetite.	22d.	Low delirium.
Matthew Reily, æt: 20.	Pulmonic.	Contagion.	9th. 10th. 11th.	6 oz. 6 ditto. 6 ditto.	Buffed. Ditto. Ditto.	Relief. Ditto. Ditto.	14th, Convalescence; freedom from pain and oppression.	29th.	Petechiæ—hemoptysis—pulse feeble.
John Anderson, æt: 36.	Cephalic.	Fatigue.	3d.	6 oz.	Buffed.	Relief.	4th, Convalescence, perspiration.	18th.	Acute pain of back.
Robert Hanbick, æt: 6.	Cephalic,	Contagion.	9th.	4 oz.	Sizy.	Relief.	10th, Convalescence; no pain.	26th.	Skin cool—pulse frequent.
Betty Duffy, æt: 29.	Cephalic.	Unknown.	8th. 9th.	4 oz. 6 ditto.	Sizy. Ditto.	Ease, Relief.	10th, Convalescence; no pain; desire for food.	22d.	Miscarried in the fourth month, and on the 6th day of fever.
Deborah Simpson, æt: 24.	Cephalic.	Cold & wet.	7th.	4 oz.	Sizy.	Relief.	8th, Convalescence; no pain; sleep.	24th.	Deliquium animi on bleeding.
James Wakefield, æt: 22.	Cephalic.	Cold, wet, fatigue.	8th. 9th. 10th.	4 oz. 4 ditto. 4 ditto.	Sizy. Ditto. Ditto.	Relief. No relief Relief.	12th, Convalescence; sleep—no pain.	30th.	Case of relapse—face pale and bloated—petechiæ—emaciation.
Mary Hand, æt: 24.	Mixed remittent.	Contagion.	6th. 7th. 8th. 9th.	4 oz. 6 ditto. 6 ditto. 6 ditto.	Buffed. Sizy. Ditto.	No effect. Relief. Relief. Relief.	13th, Convalescence; desire for food—no pain.	28th.	Head and heart affected—moaning anxiety—irregular quotidian.
Ann Williams, æt: 44.	Gastric.	Contagion.	10th.	4 oz.	Sizy.	Immediate ease.	11th, Convalescence; return of sleep and appetite.	21st.	Pulse frequent and feeble.
Michael Webb, æt: 20.	Cardiac.	Cold and fatigue,	6th.	4 oz.	Sizy.	Great relief.	8th, Convalescence; desire for food.	12th.	Miliary eruption—anxiety.
John Power, æt 8.	Enteritic.	Wet.	7th.	4 oz.	Sizy.	Relief.	9th, Convalescence; no pain;	26th.	Fæces black.
Patrick Doyle, æt: 8.	Enteritic.	Contagion.	4th.	3 oz.	Sizy.	Relief.	5th, Convalescence; sleep and appetite.	16th.	Fæces greenish.—Ur: loaded.
Thomas Hughes, æt: 26.	Cephalic.	Fatigue, anxiety of mind.	9th. 10th. 12th. 20th. 22d. 24th. 26th. 27th.	10 oz. 10 do. 8 ditto. 8 ditto. 6 ditto. 6 ditto. 10 do. 6 ditto.	Buffed. highly Buffed. Sizy. Ditto. Ditto. Buffed. Ditto. Ditto.	Relief. Great relief. Relief. Great ease. Relief. Relief. Relief. Relief.	13th. Desire for food—Illusive convalescence for 6 days. 40th. Convalescence; freedom from head-ach, stupor and delirium—return of sleep and appetite.	66th.	Epistaxis on the 8th to 18oz.—on the 22d to 20oz.—on the 23d to 30oz.—on the 24th to 16oz.—sanious discharge. from both ears, dejections involuntary delirium ferox, flushed face, skin of a pungent heat.
Elenor Courtney, æt. 40.	Fauces inflamed & ulcerated.	Contagion.	10th.	6 oz.	Sizy.	Immediate relief.	11th, Convalescence; sleep and appetite.	15th.	Pulse irregular—catamenia present.

July.

Name and Age.	Fever.	Cause.	Date of blood-letting.	Quantity.	Appearance of the Blood.	Effect of blood-letting.	Event.	Days of dismissal.	Observations.
Peggy Segrave, æt: 8.	Cephalic.	Contagion.	5th.	3 oz.	Sizy.	Instant ease.	6th. Convalescence—no pain, wish for food.	14th.	Petechiæ.
James Murtagh, æt: 14.	Hepatic remittent.	Contagion.	5th. 6th. 8th.	4 oz. 6 ditto. 6 ditto.	Sizy. Ditto. Ditto.	Relief. Relief. Great relief.	14th. Convalescence—freedom from pain and anxiety, sleep and appetite.	31st.	Third relapse; anxiety—countenance livid—blood streaked with yellow—irregular tertian.
Patrick Catter, æt: 24.	Gastric.	Contagion.	4th. 5th.	3 oz. 3 ditto.	Buffed. Ditto.	Relief. Ditto.	8th. Convalescence—cessation of pain and vomiting, sleep and appetite.	31st.	Frequent vomiting; wish for cold water; local blood-letting on the 6th.
Mary Neile, æt: 13.	Cephalic. and Gastric.	Unknown.	6th. 7th. 8th. 9th. 10th.	3 oz. 6 ditto. 3 ditto. 4 ditto. 3 ditto.	Sizy. Buffed. Sizy. Ditto. Ditto.	No effect. Relief. No effect. Relief. Great relief.	12th. Convalescence.—Relief from pain and distress; sleep and appetite.	30th.	Acute pain in the forehead—breathing laborious; great anxiety; eyes watery—petechiæ, dark coloured upon the body and red upon the face.
Catharine Cougan, æt: 47.	Perito-næal.	Contagion.	7th. 8th.	8 oz. 10 do.	Sizy. Buffed.	Ease. Relief.	9th. Convalescence, wish for food—no pain.	28th.	Skin of a pungent heat—eyes suffused.
Jane Ward, æt: 15.	Mixed.	Contagion.	5th.	4 oz.	Sizy.	Immediate ease.	6th. Convalescence; sleep and appetite.	12th.	Case of relapse—deliquium animi after bleeding—head and heart affected.
James Oulaghan, æt: 34.	Mixed.	Contagion.	11th. 12th.	3 oz. 3 ditto.	Sizy. Ditto.	Relief.	13th. Died convulsed and apopletic on the 12th.—What remedy could avail?		Skin and eyes yellow; petechiæ—apoplectic stertor—invol. dejections liver and head affected.
George Hawthorn, æt: 10.	Enteritic.	Unknown.	5th. 6th.	4 oz. 2 ditto.	Buffed. Ditto. Sizy.	Relief. Ditto. Great relief.	7th. Convalescence; relief from pain.	18th.	Pulse 112 and feeble.
William Whitaker, æt: 13.	Mixed.	Unknown.	6th. 7th.	6 oz. 6 ditto.	Sizy. Ditto.	Relief. Ditto.	10th Convalescence; No head-ach; fauces healing.	16th.	Countenance dejected; petechiæ—fauces inflamed and ulcerated—head affected.
Nicholas Smyth, æt: 40.	Enteritic.	Contagion.	8th.	4 oz.	Buffed.	Immediate ease.	9th. Convalescence; no pain—return of appetite.	12th.	Anxiety; frequent moaning and sighing; fæces black and fetid.
Ann Denis, æt: 26.	Cephalic.	Terror.	6th. 7th.	6 oz. 4 ditto.	Buffed cupped Sizy.	Relief. Relief. Great ease.	8th. Convalescence; perspiration.	20th.	Acute pains yet no swelling in the hands and feet—breathing laborious.
Betty Beahan, æt: 14.	Mixed.	Unknown.	6th. 7th.	4 oz. 4ditto.	Sizy. Ditto.	Relief. Great relief.	9th. Convalescence; cessation of pain.	16th.	Great anxiety and agitation; head and bowels affected.
John Doyle, æt: 43.	Cephalic.	Cold and wet.	8th. 9th. 11th. 13th.	4 oz. 4 ditto. 4 ditto. 6 ditto.	Sizy. Ditto. Ditto. Ditto.	Relief. Great relief. Relief. Great relief.	17th. Convalescence; cessation of pains and anxiety.	31st.	Pains in the calves of the legs—miliary eruption—præc. oppression—delirium.
Esther Duff, æt: 20.	Gastric.	Cold.	3d.	4 oz.	Sizy.	Immediate ease.	4th. Convalescence; no head-ach	6th.	Case of Relapse, catamenia present.
William Martin, æt: 13.	Mixed.	Contagion.	5th. 6th. 8th. 12th. 14th.	4 oz. 4 ditto. 4 ditto. 4 ditto. 4 ditto.	Dense. Ditto. Ditto. Soft. Sizy.	Relief. Ditto. Ditto. Great relief. Relief.	20th. Convalescence; cessation of pains; return of sleep and appetite.	44th.	Moaning—anxiety—head and liver affected—irregular quartan—delirium,
Patrick Lawless, æt: 15.	Cephalic.	Contagion.	3d.	4 oz.	Sizy.	Relief.	4th. Convalescence; sleep and appetite; no head-ach.	15th.	Deliquium animi after bleeding—pulse very frequent
Thomas Garrigan, æt: 14.	Enteritic.	Contagion.	8th.	4 oz.	Sizy.	Immediate ease.	9th. Convalescence; no pain.	14th.	Petechiæ—fæces black.
Charles Collins, æt: 33.	Cephalic.	Contagion.	6th.	4 oz.	Sizy.	Relief.	7th. Convalescence; no pain of head—desire for food.	13th.	Soreness of the flesh.
Matthew Wise, æt; 13.	Cephalic.	Contagion.	5th.	4 oz.	Soft.	Relief.	6th. Convalescence; no head-ach—desire for food.	23d.	Petechiæ—faintishness on bleeding—pulse very frequent.
Patrick Hogan, æt: 36.	Cephalic.	Suppressed perspiration.	10th.	4 oz.	Buffed.	Relief.	12th. Convalescence; sleep and appetite.	26th.	Deafness—skin of a pungent heat; pulse slow.
John Fitzpatrick, æt: 14.	Cephalic.	Unknown.	8th. 9th.	4 oz. 4 ditto.	Sizy. Ditto.	Immediate ease. Relief.	10th. Convalescence; cessation of pain.	20th.	Petechiæ—pains of the wrists and ankles but no swelling nor redness.
Robert Burley, æt: 20.	Hepatic irregular quotidian	Cold and wet.	7th. 8th.	6 oz. 6 ditto.	Sizy. Buffed.	Relief. Great relief.	19th. Convalescence.	39th.	Skin yellowish; teeth and gums covered with a black pellicle—fæces black and greenish.
Bridget Whittaker, æt: 33.	Cephalic.	Contagion.	6th. 7th.	6 oz. 6 ditto.	Sizy. Ditto.	Relief. Ditto.	8th. Convalescence; perspiration; wish for food.	18th.	Countenance dejected, skin pale.
James English, æt: 23.	Hepatic.	Contagion.	8th. 9th.	6 oz. 6 ditto.	Sizy.	Relief. Ditto.	10th. Convalescence; no pain nor distress—desire for food.	14th.	Skin and eye yellowish—blood streaked with yellow; pulse irregular.
Benjamin Parsons, æt: 20.	Mixed.	Cold and the depressing passions.	5th. 6th.	6 oz. 6 ditto.	Buffed. Ditto.	Relief. Ditto.	7th. Convalescence; desire for food.	16th.	Great anxiety—frequent moaning—extreme debility—green vomit: head and lungs affected—irregular quotidian.
Thomas Nisdell, æt: 14.	Cephalic.	Contagion.	10th. 11th. 12th.	4 oz. 4 ditto. 4 ditto.	Buffed. Ditto. Sizy.	Relief. Great relief. Relief.	13th. Convalescence; cessation of pains; desire for food.	39th.	Spasms of the legs—petechiæ; delirium—pulse feeble and frequent.
Bessy Reilly, æt: 15.	Cardiac.	Anxiety.	5th. 6th.	4 oz. 4 ditto.	Sizy. Ditto.	Relief. Ditto.	7th. Convalescence; freedom from distress.	19th.	Præcordial oppression—pulse irregular.
John Kinniere, æt 18.	Cephalic.	Unknown.	9th. 10th. 11th. 12th.	6 oz. 4 ditto. 4 ditto. 3 ditto.	Sizy. Ditto. Soft. Ditto.	Relief. Ditto. Great relief. No effect.	13th. Convalescence; cessation of head-ach—desire for food.	39th.	Petechiæ—pulse feeble, slow, and irregular.
John Morrow, æt: 60	Pulmonic irregular quotidian.	Cold and wet.	36th.	8 oz.	Sizy.	Relief.	39th, Relieved—sent home.		Petechiæ.
William M'Manus, æt: 11.	Cephalic.	Contagion.	6th. 7th.	4 oz. 3 ditto.	Buffed. Sizy.	No relief. Great relief.	8th. Convalescence—perspiration; no pain.	16th.	Pulse 120—Skin cool.

July.

August.

Name and Age.	Fever.	Cause.	Dates of blood-letting.	Quantity.	Appearance of the Blood.	Effect of blood-letting.	Event.	Days of dismissal.	Observations.
Betty M'Manus, æt: 32.	Gastric.	Contagion.	5th. 6th.	3 oz. 3 ditto.	Buffed. Sizy.	Relief. Ditto.	7th. Convalescence; cessation of pain and vomiting.	15th.	Case of relapse—great anxiety—emaciation.
Maurice Malony, æt: 20.	Pulmonic	Unknown.	4th. 5th. 6th.	3 oz. 3 ditto. 6 ditto.	Dense. Buffed. Dense.	Great ease. No ease. Great ease.	8th. Convalescence; cessation of pains; return of sleep and appetite.	16th.	Face bloated; skin cool—stupor—pulse slow and feeble.
Mary Byrne, æt: 22.	Cephalic and Hepatic. remittent.	Cold and fatigue.	5th. 6th. 8th. 11th. and 14th.	6 oz. each.	Buffed.	Relief. No effect.	22d. Convalescence; return of sleep and appetite.	54th.	Dark grumous blood passed by the bowels—petechiæ—skin and eye yellowish; irregular quotidian.
Eliza Egan, æt: 49.	Pulmonic. remittent; irregular Tertian.	Contagion.	3th. 9th. 11th.	3 oz. 3 ditto. 6 ditto.	Buffed. Sizy. Ditto.	Relief. No relief. Relief.	18th Convalescence.	35th.	12th, Universal pains; no pain in the chest till after the second bleeding—cough and debility.
William Thompson, æt: 5.	Rubeola. or cuticular fever.		6th. 7th.	3 oz. 3 ditto.	Sizy. Buffed.	Relief. Ditto.	10th. Convalescence.	29th.	Fæces, green and black—petechiæ.
Margt. Thompson, æt: 28.	Mixed.	Contagion.	15th. 17th. 20th.	6 oz. 6 ditto. 6 ditto.	Sizy. Soft. Buffed.	Relief. No effect. Relief.	24th. Convalescence.	36th.	Aspect lurid—moaning—anxiety—complexion, of a mahogany hue—liver and peritonæum affected.
James Moore, æt: 5.	Variola. cuticular fever.		7th. 9th.	3 oz. 4 ditto.	Sizy. Buffed.	Relief. Ditto.	11th. Convalescence.	13th.	Petechiæ—pulse frequent.
Thomas Lynn, æt: 8.	Cephalic.	Contagion.	8th.	1 oz.	Sizy.	Relief.	10th. Convalescence.	20th.	Petechiæ—pulse slow.
William Lynn, æt: 14.	Hepatic remittent.	Contagion.	5th. 6th. 8th.	4 oz. 6 ditto. 8 ditto.	Buffed. Sizy. Buffed.	Relief. No effect. Great relief.	16th. Convalescence.	34th.	Countenance livid—great anxiety—Petechiæ—skin yellowish; fæces greenish.
Catharine Bowen, æt: 15.	Cephalic.	Cold, wet and want.	5th.	6 oz.	Sizy.	Immediate ease.	7th. Convalescence; no pain—appetite.	21st.	Soreness and tenderness of the flesh. catamenia present.
William Hanby, æt: 17.	Pulmonic	Contagion.	3d. 4th.	6 oz. 6 ditto.	Buffed. Sizy.	Ease. Great ease	5th. Convalescence; return of sleep and appetite.	21st.	Pain and soreness in the chest, not felt till after the first bleeding—pulse feeble and frequent.
Andw. Fitzgerald, æt: 22.	Mixed.	Contagion.	5th. 7th.	6 oz. 6 ditto.	Sizy. Buffed	Relief. Relief.	9th. Convalescence.	20th.	Case of relapse—nates gangrenous—emaciation.
Cath. Hutchinson, æt: 26.	Cardiac.	Terror.	8th.	6 oz.	Dense.	Immediate ease.	9th. Convalescence.	13th.	Præcordial, anxiety—great debility.
Mary Heavy, æt: 30.	Gastric.	Contagion.	7th. 8th.	6 oz. 8 ditto.	Buffed. Sizy.	Relief. Great relief.	10th. Convalescence.	18th.	5 Months pregnant; aspect livid—serum greenish.
Michael Barry, æt: 38.	Cephalic.	Cold and wet.	7th. 8th. 9th.	10 oz. 6 ditto. 4 ditto.	cupped Sizy. Soft.	Relief. Great relief. No effect.	12th. Convalescence; cessation of pains and anxiety; return of sleep and appetite.	32d.	Purplish petechiæ upon the breast—great anxiety—pulse slow 65 to 80—low delirium; eyes suffused.
Patrick Flood, æt: 30.	Mixed.	Unknown.	6th. 9th.	8 oz. 6 ditto.	cupped Buffed.	Relief. Relief.	10th. Convalescence—cessation of pain and vomiting.	16th.	Vomitting of a greenish, bitterfluid; prostration of strength—hiccup—stomach and heart affected.
John Finnegan, æt: 24.	Mixed.	Fatigue.	8th. 9th.	6 oz. 6 ditto.	Sizy. Soft.	Relief. Great relief.	10th. Convalescence.—return of sleep and appetite.	15th.	Skin yellow—urine of a deep red; hemorrhage by the bowels, dark and grumous—liver and head affected.
John Croak, æt: 40.	Pulmonic	Cold wet and anxiety.	8th. 9th.	8 oz. 6 ditto.	Dark & Soft. Buffed.	Great relief. Relief.	11th. Convalescence.	18th.	Pulse slow—and feeble.
Richard Mullay, æt: 18.	Perito-næal.	Cold, wet, Contagion.	5th. 6th.	8 oz. 10 do.	Sizy. Ditto.	Relief. Relief.	8th. Convalescence; appetite.	33d.	Acute pain in the back—præcordial oppression—skin of a pungent heat.
Cath. Granville, æt: 17.	Pulmonic and Cephalic.	Unknown.	12th. 13th.	8 oz. 6 ditto.	Soft. Sizy.	Great relief. Ditto.	15th. Convalescence.	19th.	Pulse frequent and irregular.
Cath. Walsh, æt: 22.	Cephalic and Cardiac.	Unknown.	5th. 6th.	6 oz. 6 ditto.	Dense. Buffed.	Relief. Relief.	8th. Convalescence.	19th.	Pulse slow and irregular—pink-coloured sediment in the urine.
Hannah Bryan, æt: 24.	Cephalic.	Contagion.	5th.	3 oz.	Sizy.	Immediate ease.	6th. Convalescence; no pain.	15th.	Pains in the flesh and bones—attack sudden.
Betty Bryan, æt: 26.	Mixed.	Fatigue and anxiety.	6th.	6 oz.	Dark color'd	Instant ease.	8th. Convalescence; sleep and appetite.	15th.	Petechiæ reddish—frequent vomiting—head and stomach affected.
Mary Mullay, æt: 12.	Enteritic.	Contagion.	5th. 6th.	4 oz. 4 ditto.	Dense. Soft.	Relief. Great relief.	7th. Convalescence.	14th.	Red-coloured petechiæ upon the breast—pain in the neck.
John Pullen, æt: 35.	Enteritic.	Contagion and Intoxication.	7th. 8th. 16th. 17th. 18th. 20th.	20 oz. 10 do. 16 do. 12 do. 12 do. 12 do.	Highly buffed. Buffed. Buffed & sizy. Buffed. Sizy. Buffed	Great relief. Relief. Great relief. Relief. No effect. Great relief.	22d. Convalescence; return of sleep and appetite. Temporary convalescence on the 9th.	35th.	Face pale; features contracted—skin of a pungent heat—petechiæ—fæces greenish; a varying pulse; pain in the neck. This man's wife was ill of peritonæal fever.
Thomas Power, æt: 45.	Cephalic.	Contagion.	6th, 7th.	3 oz. 6 ditto.	Sizy. Ditto.	Relief. Great relief.	8th. Convalescence; no pains; sleep and appetite.	20th.	Skin cool—face flushed—pulse slow; low delirium.
John Power, æt: 7.	Cephalic.	Contagion.	5th.	4 oz.	Sizy.	Relief.	6th. Convalescence; appetite.	11th.	Skin of a pungent heat—pulse very frequent.
John Fitzpatrick, æt: 21.	Enteritic and Cephalic.	Unknown.	5th. 6th.	6 oz. 6 ditto.	Sizy. Ditto.	Instant ease. Relief.	8th. Convalescence; perspiration—cessation of pain—sleep and appetite.	14th.	Face livid—dark-coloured petechiæ upon the abdomen—eyes suffused.

August.

Name and Age.	Fever.	Cause.	Dates of blood-letting.	Quantity.	Appearance of the Blood	Effect of blood-letting.	Event.	Days of dismissal.	Observations.
Peter Kavanagh, æt: 42.	Pulmonic and Cephalic.	A blow.	8th. 9th.	8 oz. 6 ditto.	Dense. buffed.	Relief. Great relief.	10th. Convalescence; sleep and appetite.	14th.	Petechiæ—pulse irregular.
Sarah Kearney, æt: 32.	Cephalic.	Fatigue. night-watching	9th. 10th.	6 oz. 6 ditto.	Sizy. Ditto.	Relief. Great relief.	12th. Convalescence; sleep and appetite—no pain.	22d.	Tongue black and furred.
Margaret Doyle, æt: 60.	Cephalic.	Contagion.	9th.	4 oz.	Buffed.	Relief.	A temporary convalescence took place on the 9th—freedom from pain and return of appetite; on the 11th she relapsed, and died on the 16th, apparently from effusion into some of the cavities of the brain.		If blood-letting, general and local, had been fully and early employed, might it not have sayed the life of this patient?
Nurse Fennil, Of the fever wing, æt: 31.	Cephalic and Hepatic.	Contagion.	6th. 7th. 8th. 10th.	6 oz. 6 ditto. 8 ditto. 6 ditto.	Sizy. Buffed. Sizy. Buffed.	Ease. Great ease. Ease. Ease.	12th. Convalescence; cessation of pains—wish for food.	27th.	Acute pain of forehead—frequent shiverings—petechiæ—epistaxis for 3 days to the amount of about 66oz.—pulse varying.
Daniel Nisdell, æt: 11.	Cephalic.		3d. 4th. 5th. 6th.	4 oz. 4 ditto. 4 ditto. 6 ditto.	Buffed. Sizy. Buffed. Ditto.	Relief. Relief. Great relief. Great relief.	11th. Convalescence; no pain; sleep and appetite.	19th.	A case of relapse—respiration laborious—pains in the lower extremities—pulse feeble and frequent.
Matthew Maguire, æt: 36.	Cephalic.	Contagion.	6th. 7th. 8th.	6 oz. 4 ditto. 4 ditto.	Sizy. Buffed. Sizy.	Relief. Great relief. Relief.	10th. Convalescence; no headach; sleep and appetite.	20th.	Pain in the forehead—breathing laborious—pulse feeble and slow.
Benjamin Parsons, æt: 19.	Pulmonic and Cephalic.	Contagion.	4th. 5th. 6th.	6 oz. 6 ditto. 6 ditto.	Dense. Buffed. Sizy.	Relief. Relief. Great relief.	7th. Convalescence; cessation of pains; perspiration preceded by shivering.	26th.	Relapsed 5 times—sense of splitting in the forehead—pulse feeble.
Fanny Bracken, æt: 40.	Cephalic and Cardiac.	Contagion.	5th. 6th. 8th.	4 oz. 4 ditto. 6 ditto.	Buffed. Sizy. Buffed.	Relief. Ditto. Great relief.	10th. Convalescence.	24th.	Suffusion of eyes—pulse slow—emaciation.
Daniel Byrne, æt: 19.	Cephalic.	Cold and fatigue.	7th.	4 oz.	Sizy.	Great relief.	8th. Convalescence.	15th.	Deliquium after the bleeding—pulse 126.
Patrick Mullen, æt: 28.	Cephalic. irregular quotidian	Intoxication.	9th. 10th. 11th. 13th.	6 oz. 4 ditto. 4 ditto. 6 ditto.	Buffed Sizy. Ditto. Buffed.	Relief. Relief. Great relief. Great relief.	16th. Convalescence; return of sleep and appetite.	51st.	Epistaxis—pains in the calves of the legs—great anxiety—petechiæ—delirium.
Rowley Savage, æt: 23.	Cephalic.	Cold and wet.	3d. 4th. 5th.	4 oz. 6 ditto. 6 ditto.	Buffed. Sizy. Buffed.	Relief. No relief. Great relief.	6th. Convalescence; sleep and appetite—perspiration.	20th.	A case of relapse—acute head-ach—red-coloured petechiæ upon the breast.
Elizabeth Egan, æt: 45.	Mixed.	Contagion.	5th. 6th. 9th.	6 oz. 6 ditto. 6 ditto.	Soft. Sizy. Sizy.	Relief. Relief. Relief.	11th. Convalescence; cessation of pains and uneasiness—perspiration.	23d.	Case of relapse—acute pain in the back—head and lungs affected—pulse irregular.
Cath. Redmond, æt: 19.	Cephalic.	Fatigue an anxiety.	7th. 9th. 11th.	6 oz. 6 ditto. 6 ditto.	Soft. Sizy. Buffed.	Relief. Relief. Great relief.	12th. Convalescence; cessation of head-ach; perspiration—sleep and appetite.	30th.	Face dark and bloated—dark-coloured petechiæ upon the abdomen—low delirium—catamenia present.
Bridget Wily, æt: 51.	Cephalic and Hepatic.	Contagion.	9th. 10th. 11th.	4 oz. 4 ditto. 6 ditto.	Sizy. Soft. Sizy.	Relief. Relief. Relief.	17th. Convalescence	30th.	Breathing stertorous—deglutition difficult—tongue black and furred—skin yellowish—involuntary excretions—hiccup—fæces greenish.
Rebecca M'Lean, æt: 35.	Cephalic.	Contagion.	7th. 8th.	6 oz. 6 ditto.	Sizy. Buffed.	Relief. Relief.	10th. Convalescence; freedom from pain and oppression; sleep and appetite.	32d.	Low delirium—face flushed and livid—eyes suffused—pain of head not complained of till after the first bleeding—tremors of the hands—petechiæ—pulse varying.
Denis Redmond, æt: 14.	Cephalic.	Contagion.	9th. 10th.	4 oz. 6 ditto.	Buffed. Soft.	Relief. Relief.	11th. Convalescence; sleep and appetite.	21st.	Countenance lurid—petechiæ of a scarlet colour upon the breast and shoulders—great anxiety.
Samuel Gardiner, æt: 24.	Cephalic and Pulmonic; remittent.	Cold wet and fatigue.	9th. 10th. 12th. 14th.	6 oz. 6 ditto. 8 ditto. 6 ditto.	Buffed. Sizy. Soft. Sizy.	Relief. Relief. Great relief. Great relief.	20th. Convalescence; cessation of pain—perspiration.	60th.	Countenance bloated and idiotic—deafness—eyes suffused—dark coloured petechiæ upon the breast—bandage taken off in the night, 16oz of blood supposed lost.
Alexander Ryan, æt: 17.	Cephalic.	Contagion.	7th. 8th.	6 oz. 4 ditto.	Buffed. Sizy.	Relief. Relief.	10th Convalescence; cessation of pain; pink-coloured sediment in the urine.	19th.	Petechiæ—low delirium—eyes suffused—deafness—pain not complained of—tongue black and furred.
Mary Jones, æt: 24.	Cephalic and Gastric.	Contagion.	4th. 6th. 7th. 9th. 11th.	6 oz. 6 ditto. 6 ditto. 8 ditto. 8 ditto.	Buffed. Sizy. Ditto. Buffed. Sizy.	Great relief. No effect. Relief. Great relief. Relief.	14th. Convalescence; remission on the 5th and 8th days.	30th.	Took an emetic with great relief—acute pain in the forehead—low delirium—great anxiety—frequent moaning—hiccup—pains in the arms.
William Lynn, æt: 13.	Cephalic.	A draft of cold water.	3d. 4th.	1 oz. 4 ditto.	Dense. Ditto.	Relief. Great relief.	5th. Convalescence; return of sleep and appetite.	18th.	A case of relapse—confusion of ideas; heaviness of head and eyeballs but no pain.
John Doran, æt: 25.	Cephalic and Hepatic.	Cold.	3d. 4th. 5th.	4 oz. 4 ditto. 6 ditto.	Sizy. Ditto.	Relief. No relief.	7th. Died—vomiting immediately before death, of a greenish fetid matter; after death the skin became yellow.		A case of relapse—breathing laborious—cough troublesome—no expectoration—complexion sallow—pulse irregular—delirium.
Nurse M'Cann, of the fever wing, æt: 36.	Cephalic and peritonæal	Contagion.	3d. 4th. 7th. 8th. 9th.	8 oz. 8 ditto. 8 ditto. 12 do. 8 ditto.	Buffed. Ditto. Sizy. Buffed. Ditto.	Relief. Great relief. Relief. Relief. Great relief.	10th. Convalescence: remission of the symptoms on the 6th.	27th.	Eight months with child; after visiting hour fell ill; was blooded at her own request—local blood-letting employed thrice; delivered on the fifth; the infant lived three days—Countenance lurid—respiration laborious—pulse feeble—eye muddy.
Ann Butler, æt: 26.	Mixed.	Unknown.	5th. 6th. 8th. 10th.	8 oz. 6 ditto. 8 ditto. 8 ditto.	Dense. Ditto. Buffed. Sizy.	Great relief. Great relief. Relief. Great relief.	11th. Convalescence—sleep and appetite; remission on 7th.	32d.	Head and bowels affected—faintishness—pulse frequent and feeble—frequent vomiting—fæces watery and greenish.
Jane Carroll, æt: 40.	Cephalic.	Contagion	6th. 7th. 9th. 11th. 13th.	6 oz. 4 ditto. 6 ditto. 8 ditto. 6 ditto.	Sizy. Ditto. Ditto. Buffed. Sizy.	Great relief. Great relief. } Relief.	15th. Convalescence; temporary convalescence on the 8th. accompanied by perspiration.	30th.	Deep seated pain in the back part of the head—great debility—dark-coloured Petechiæ upon the breast, reddish upon the arms—catamenia present—hiccup.

I have thus given a table exhibiting 237 cases, which occurred in the months of May, June, July and August.—It was my intention to have enlarged it by the addition of 267 others which occurred from September to January; but, this on consideration, I do not now think necessary, as the cases I have given, appear to me to be in sufficient number to shew the effects of bleeding in fever. Of the remaining cases I shall only observe, that during the winter, petechiæ did not appear so generally; the disorder was not so violent, nor the blood so often buffed or sizy, as in the Summer and Autumn; the good effects, however, produced by the use of the lancet, were not less manifest and decided.

Of the 504 patients blooded from the 15th May to the 1st January 18 died—This makes the proportion of the deaths to the recoveries as one to 28.

An active cathartic was administered daily to every patient; local blood-letting and fomentations were repeatedly employed—The fomentations seemed to afford more relief than blisters where there was local pain or uneasiness.

These were the only remedies I employed in the treatment of the preceding, and of more than four hundred other cases of Fever.

CONCLUSION.

From the whole of what has been said the following inferences may be drawn.

1st, Fever is an inflammatory affection.

2d, Fever is of one kind, of which there are many varieties.

3d, The varieties depend on the organ or part particularly affected.

4th, The following advantages are to be derived from blood-letting, viz.

A diminution of the mortality of Fever.

The preservation of the strength by the more speedy and effectual removal of disease.

The prevention of irregular actions and disorganization of the various viscera which are the seat of Fever.